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ABSTRACT

This report presents findings of a 1991 survey of 3,573 adolescents in Area Learning Centers and Alternative Schools, in Corrections and Detention Centers, and in Residential Treatment Centers in Minnesota. The study focused on six environmental stressors: family alcohol problems, family drug problems, experiencing or witnessing physical abuse, and intrafamilial and extrafamilial sexual abuse. The survey found that students in these programs were three to six times more likely than regular students to report at least three of these problems. A history of physical or sexual abuse doubled the likelihood of deliberate self-injury or suicide attempt, especially for females. Additionally, all groups were characterized by more frequent involvement in high risk behaviors (e.g., substance abuse). An encouraging finding was the relative success of the Alternative Schools and Area Learning Centers in engaging youth who had dropped out of school or were at risk for dropping out. Findings lend support to the existence of a general "at risk" syndrome, with implications for prevention and intervention. Two recommendations resulted: first, that adequate resources be provided to educational programs for this population, and second, that prevention programs include counseling, health services, and other support activities. Tables, graphs, and narrative provide the details of the survey findings for each type of program and compare findings with the 1989 survey of 91,175 adolescents in the state. (Contains 11 references.) (DB)

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MINNESOTA STUDENT SURVEY 1991

A REPORT ON SPECIAL POPULATIONS

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MINNESOTA DEPARTMENT OF EDUCATION

Minnesota Student Survey 1991

A Report on Special Populations

Alternative Schools
Area Learning Centers

Corrections/
Detention Centers

Residential Treatment Centers

Minnesota Department of Education

Prevention and Risk Reduction Unit
550 Cedar Street
St. Paul, MN 55101

August 1991

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This study was conducted by the Minnesota Department of Education, Prevention and Risk Reduction Unit.

Separate reports are available which provide response rates for each survey question for each of the three special populations described in this report.

For more information or report copies, please contact Barbara Yates, Project Director (612) 296-4081

Cover illustration by Kenneth Wurl
Back cover illustration by Stephen Cunningham

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EXECUTIVE SUMMARY

Adolescents in Area Learning Centers and Alternative Schools, Corrections and Detention Centers, and Residential Treatment Centers are more similar to one another than to the public school students that participated in the 1989 Minnesota Student Survey. All the special populations surveyed in 1991 include disproportionate numbers of students of color and young people from single parent and other nontraditional households. Their families have elevated rates of alcohol and other drug problems and physical abuse, and these young people are much more often the victims of sexual abuse.

Far more than any difficulties with school, what distinguishes these young people from other public school students are higher rates of antisocial behavior, early sexual activity, alcohol and other drug abuse, and suicide attempts.

The young people in Alternative Schools and Area Learning Centers are typically 17 and 18 years old; those in Corrections/Detention Centers 16 and 17; and those in Residential Treatment Centers 15 and 16. There are equal numbers of females and males in Alternative Schools and Area Learning Centers, but males predominate 2 to 1 in Residential Treatment Centers and 9 to 1 in Corrections/Detention Centers.

Because it is important to understand the findings about these special populations in the context of what is known about adolescents, the term "regular school" students is used in this report to distinguish the students surveyed in 1989 from the special populations surveyed in 1991. Although family problems are much more common among adolescents in all these special populations than among students in regular school settings, they are highest among adolescents in Residential Treatment Centers and Corrections/Detention Centers.

The study focused on six environmental stressors (family alcohol problems, family drug problems, experiencing or witnessing physical abuse, intrafamilial and extrafamilial sexual abuse). Students in Alternative Schools and Area Learning Centers were *three* times more likely than regular school students to report at least three such problems. Adolescents in Corrections/Detention Centers and Residential Treatment Centers were *six* times more likely than regular school students to have had at least three of these problems.

Experiences of multiple problems such as these were shown in the 1989 Minnesota Student Survey to be related to an increased risk for alcohol and other drug abuse and violent or self-destructive behavior. Among the special populations surveyed for this report, a physical or sexual abuse history doubled the likelihood of deliberate self-injury and suicide attempt. In addition, an abuse history predicted further victimization and sexually aggressive behavior. Sexual abuse victims are more than twice as likely as nonvictims to report having been forced to engage

in sexual activity by a date. They are also more likely to acknowledge having forced someone else into sexual activity.

Low self-esteem and emotional distress do not seem to pose greater difficulties for Alternative School/Area Learning Center students than regular students the same age. However, these two areas do distinguish adolescents in Residential Treatment Centers and Corrections/Detention Centers from their peers.

Several specific risk behaviors acknowledged much more often by adolescents in special populations merit increased concern. They are three times more likely than regular school students to engage in daily alcohol or other drug use, and four times more likely to be smoking cigarettes daily. Four times as many report a history of intravenous drug use, and many report that their sexual behavior has resulted in pregnancy. Some of these behaviors, of course, are directly related to placement in corrections, treatment centers, or alternative school settings.

The differences between young people in special populations and those in regular schools raise many questions about how best to assist adolescents in trouble. Although it certainly seems true that they don't "fit" in traditional school settings, educational deficiencies don't seem to be their major problem. Many are apparently overwhelmed by family problems and their own struggles to cope with the stressors they face. They may need much more than innovative educational techniques and curriculum changes. What at first glance may appear to be a school problem may at a more fundamental level result from dysfunction in the family or community.

The classification of sites participating in the 1991 Minnesota Student Survey is somewhat arbitrary, reflecting the indistinct boundaries between agencies set up to meet adolescents' needs. The overlapping characteristics of populations served are illustrated by the similarities in the nature and extent of problems exhibited by youth in these special populations, especially those in Corrections and Residential Treatment. The problems faced by these young people highlight the challenges confronted by agencies set up to serve them, but also attest to their resilience and commitment to keep working toward their goals.

One of the most encouraging findings of this study is the success of Alternative Schools and Area Learning Centers in reaching youth who are struggling with a variety of difficulties. They are engaging youth who had dropped out of school or were at risk for dropping out of school. Maintaining and further developing educational alternatives, and expanding social services available to youth and their families are vital. On-site counseling and health services would increase accessibility for many young people. Adequate resources must be provided to educational programs serving youth who are struggling with a variety of serious problems. Collaborative efforts of educators, parents, service providers, and church, business, and other community leaders need to continue and expand to assure that young people have the opportunities they need to pursue their educational goals.

PREFACE

Background

The Minnesota Student Survey was designed to provide an accurate and comprehensive picture of adolescent life. Over recent decades, adolescence has become riskier, and many of our ideas and policies about how to educate our children and keep them safe have failed to accomplish these goals. In fact, the 15 to 25 age group is the only age group in which death rates have not fallen. Accidents, suicide, and homicide are the leading causes of death among teenagers.[1]

Alcohol and drug use are implicated in many accidental and violent deaths,[2] but other behaviors also put young persons at other kinds of risk. Today's young people become sexually active earlier than previous generations. Pregnancy has always been the major problem associated with early sexual behavior. While teen pregnancy remains a serious problem, young people today also face for the first time the risk of HIV infection and AIDS transmitted through sexual intercourse.

Minnesota is at the forefront in its coordinated effort to develop and evaluate risk behavior prevention efforts. The first administration of the Minnesota Student Survey during the spring of 1989 involved approximately 90,000 students in 390 school districts in 86 counties. Plans call for the survey to be administered to students in grades 6, 9, and 12 again in 1992 and every three years thereafter, to detect changes in alcohol and other drug use and other risk behaviors.

Results of the 1989 Survey

The 1989 survey provided a wealth of information and some particularly significant findings.[3] Peer pressure, while certainly a factor in teenage alcohol and other drug use, seems to be too easily blamed. This study found that the young persons with the most serious alcohol and other drug problems started using *before* their peers.

Family violence, sexual abuse, and family alcohol and drug problems emerged as strong predictors of alcohol and other drug problems among students. In addition, two out of three students who had attempted suicide cited at least one of these experiences in their background. Antisocial behavior, emotional distress, and low self-esteem among young people were also found to be strongly associated with family problems.

Encouraging findings also emerged. The study found strong evidence that young persons who felt valued and respected by their parents, who believed they could talk over their problems with their parents, and whose parents set clear and consistent limits on their behavior were much less likely to report serious personal problems than those without these family strengths.

The study also provided vindication for single parents. In the absence of family violence, sexual abuse, and substance abuse, single-parent households were no more likely to be associated with adolescent problems than the traditional two-parent family structure.

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Adolescents in Special Populations

Although the 1989 study provided many answers where there had earlier been only speculation, major questions remained. What about the young people who were not surveyed? The 1989 survey (like all school surveys) missed adolescents who were absent, who had dropped out of school, or who were placed in treatment centers, detention centers, or correctional facilities. The 1990 Anti-Drug legislation directed the Minnesota Department of Education to survey special populations. This report presents the results of this effort.

A slightly revised version of the 1989 survey was administered during the spring of 1991 to 3,573 students in Minnesota Alternative Schools, Area Learning Centers, Residential Treatment Centers, and Corrections/Detention Centers. Researchers were then able to draw some conclusions about the adolescents in these special populations and to compare them with the 91,175 young people who participated in the 1989 statewide survey.

The term "regular schools" will be used throughout this report to describe the schools who participated in the 1989 Minnesota Student Survey. Any such label is imprecise. Nonetheless, it serves as a simple and concise way to differentiate between the students surveyed earlier in the public schools and those in the special populations who are the subject of this report.

How Comparisons are Made

Most studies find that responses to questions will vary according to characteristics of the groups being surveyed. For example, older adolescents report sexual activity more often than younger ones. In contrast, antisocial behavior and low self-esteem are more common in middle adolescence than later. More males engage in antisocial behaviors, and more females report emotional distress.

In order to make meaningful comparisons between groups, it is necessary to determine which variables are most likely to influence other variables being examined. In the 1989 Minnesota Student Survey, the two characteristics most likely to predict significant differences in problem areas were age and gender. When comparing results from the special populations surveyed for this report with those from the regular schools surveyed in 1989, researchers therefore chose to match each sample for the age and gender of the young people involved.

What is most important for the reader of this report to remember is that the "regular school" sample varies from section to section because age and gender breakdowns are matched to the characteristics of the population with which each is being compared. For instance, the Alternative School/Area Learning Center population is, on average, about a year older than the Corrections/Detention Center population, which in turn is about a year older than the Residential Treatment Center population. Whereas the Alternative School/Area Learning Center population is equally split between females and males, the Residential Treatment Center population is 2 to 1 male to female, and the Corrections/Detention Center population is 9 to 1 male to female. Accordingly, each of these populations will be compared to a "regular school" sample which contains individuals with the same gender and age characteristics.

For these reasons, none of the "regular school" samples used in this report will be identical to the population described in the 1989 report (which included students in grades 6, 9, and 12). But the creation of matched samples means that the comparisons being made are more likely to reflect accurately differences between young people in special populations and those in regular schools.

ALTERNATIVE SCHOOLS AREA LEARNING CENTERS

Alternative Schools and Area Learning Centers are individualized, nontraditional programs that lead to a high school diploma. These academic centers are designed especially for students who are behind in their work, or who have dropped out but want to complete their education. Other students choose Alternative Schools or Area Learning Centers because of their flexible hours and programs, or because they prefer the nontraditional environment. Some Alternative Schools and Area Learning Centers offer trade and vocational skills training and work experience.

Students age 12 and up are eligible to attend Area Learning Centers if they are at least two years below performance levels based on achievement tests; are at least one year behind in coursework completion or obtaining credits required for graduation; are pregnant or a parent; have been assessed as chemically dependent; or have been excluded or expelled by a school district.

Although Alternative Schools and Area Learning Centers are not officially designated for a particular cultural or ethnic group, some offer programs which focus on cultural issues and therefore attract participants from a particular group.

Forty Area Learning Centers operate in 70 locations throughout Minnesota; 37 of the 40 programs participated in the 1991 Minnesota Student Survey. Of 43 Alternative Schools, 37 participated.

Of 2,620 surveys completed by students under age 21, 2,425 were used for this report; 2% were discarded as incomplete, and 5% were eliminated because of inconsistent or exaggerated response patterns. This exclusion rate is fairly typical of voluntary, self-administered surveys.

The portrait presented here of the Alternative Schools and Area Learning Centers is best viewed as a snapshot. Population characteristics may change over time, and fluctuate based on attendance levels. Percentages should be considered within this context since they do not represent all the young people who are served at these sites.

Gender and Age

Alternative School and Area Learning Center students are almost evenly divided between young women and young men (51% female). The average age is 17. These students are mostly older adolescents and young adults. Almost half are 16 and 17, and 40% are 18 or older. (The few students age 21 and older were excluded from this report).

Age

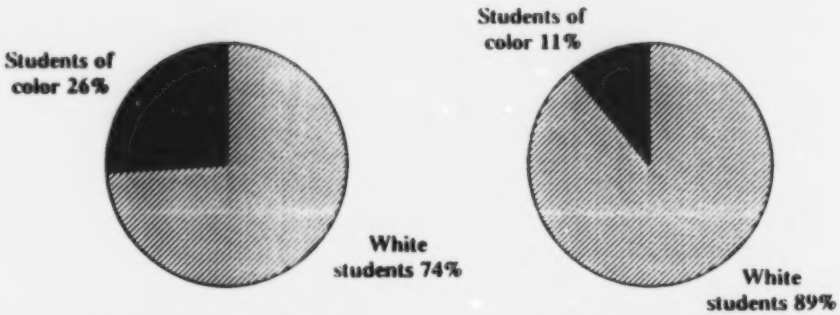
11-13	1%
14	3%
15	8%
16	20%
17	28%
18	25%
19-20	15%

Race/Ethnicity

Alternative Schools and Area Learning Centers include among their students more young people of color than are found in the regular schools. One fourth of these students are members of ethnic minority groups, compared with only 11% of the students in regular schools. Among the communities of color, only Asian American students are not overrepresented in the Alternative Schools or Area Learning Centers.

	Alternative Schools/ALCs	Regular Schools
White	74%	89%
American Indian	9%	1%
African American	8%	1%
Hispanic	2%	1%
Asian American	2%	4%
Mixed race/other	4%	2%
Unknown	1%	2%

Racial/Ethnic Background



Alternative Schools/ Area Learning Centers

Regular Schools

It is important to understand the limitations of race/ethnicity classifications used in this study and elsewhere. In Minnesota, as in the United States as a whole, racial/ethnic minority status is highly correlated with lower socioeconomic status. "Racial" differences often reflect differences that are more causally related to class. For example, a variety of health indicators earlier believed to be associated with race have been found in more recent studies to be related directly to poverty. In the Minnesota Student Survey, young people are asked "How do you describe yourself?" In addition to the federally-prescribed categories, they are given two additional choices: "other or mixed race," and "I don't know."

Living Situation

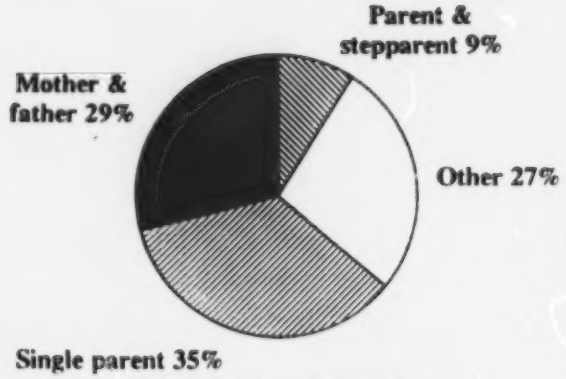
Major differences are reported in living situations between students in Alternative Schools or Area Learning Centers and those surveyed in regular public schools. Students in regular schools are more than twice as likely to be living with two biological or adoptive parents. Students in Alternative Schools or Area Learning Centers are twice as likely to be living with a single parent (usually their mother).

Both biological parents	28%
Both adoptive parents	1%
Mother and stepfather	8%
Father and stepmother	1%
Mother only	30%
Father only	5%
Joint custody	2%
No adults in home	10%
Other situation	15%

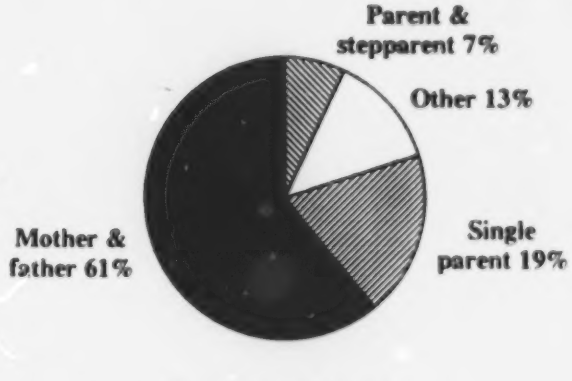
Religious Involvement

A major difference exists between these two groups of students in terms of the role of religion in their lives. Students in the regular schools are 1½ times more likely than students in Alternative Schools or Area Learning Centers to view religion as "very important" or "pretty important" in their lives (51% versus 32%). Differences between the two groups in regular religious service attendance are even more pronounced. More than half (54%) of the regular school students attend a service at least once a month (most of them once a week), compared with only 19% of the Alternative School/Area Learning Center students.

Adults in Household



Alternative Schools/ Area Learning Centers



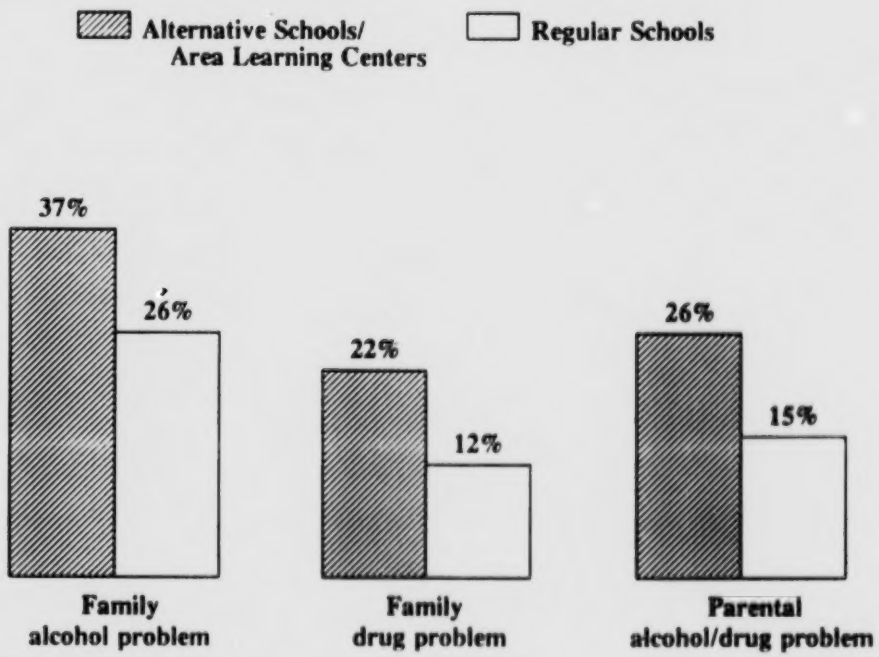
Regular Schools

Family Alcohol and Drug Problems

Students in Alternative Schools or Area Learning Centers face a greatly increased risk of contending with alcohol and other drug problems among family members. They are almost twice as likely as students in the regular schools to report a family drug problem and almost 1½ times more likely to report a family alcohol problem.

Much of the familial alcohol and other drug abuse reported by students is attributed to parents (either living with the student or elsewhere). One fourth (26%) of the students in Alternative Schools or Area Learning Centers are aware of a parental alcohol or other drug problem compared with 15% of the students in regular schools who report awareness of such problems.

Family Alcohol and Other Drug Problems

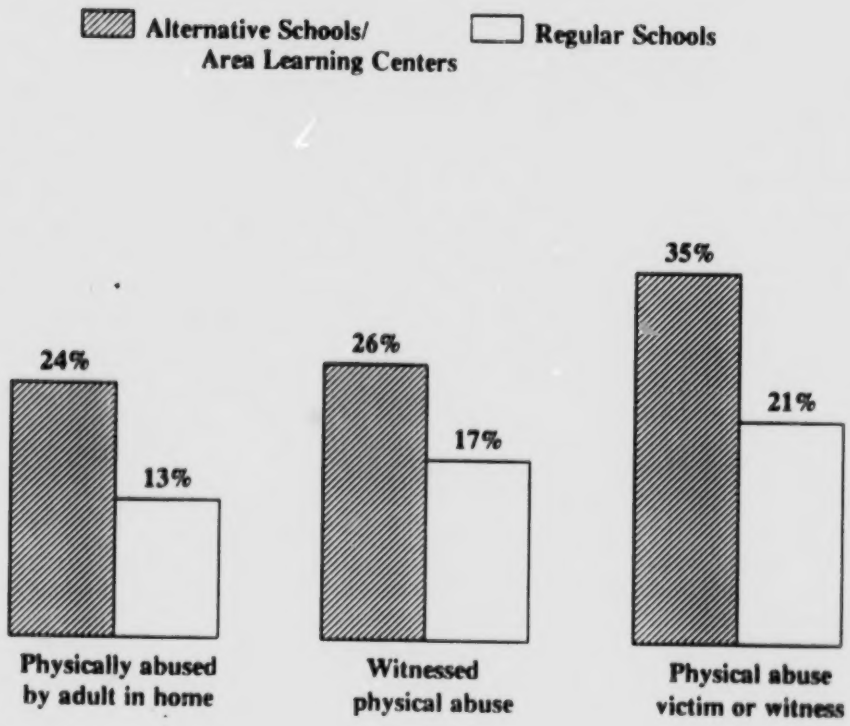


Family Violence

Family violence is much more prevalent in the homes of students in Alternative Schools or Area Learning Centers than in the homes of students in regular schools. More than one third of these students (35%) report physical violence in the home, compared with one fifth (21%) of regular school students.

The difference between the two groups of students is greater for being the victim of physical abuse than for witnessing such abuse among other family members. One fourth (24%) of the Alternative School/Area Learning Center students (compared with 13% of regular school students) report that they have been hit by an adult in their household "so hard or so often that you had marks or were afraid of that person." About the same proportion (26%) report that they have witnessed other family members subjected to such physical abuse (compared with 17% of the matched sample of regular school students).

Family Violence



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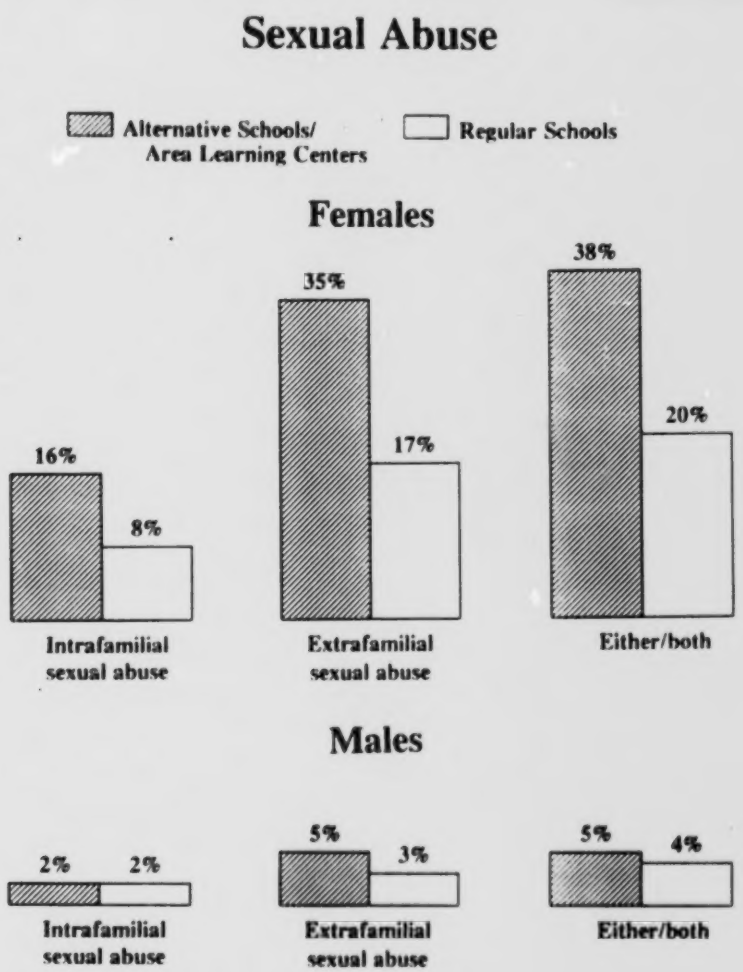
Sexual Abuse

Females attending Alternative Schools or Area Learning Centers are twice as likely as females in regular schools to report a history of sexual abuse. The sexual abuse rates reported here include incest and abuse by an adult outside the family, but do not count sexual abuse by a date. (Those reports are considered in a later section about dating behaviors.)

One out of six of these young women responded "yes" to the question, "Has any older or stronger member of your family ever touched you sexually or had you touch them sexually?" One out of three responded "yes" to the question, "Has any adult or older person outside the family ever touched you sexually against your wishes or forced you to touch them sexually?"

Sexual abuse rates for male students are comparatively low and show a small elevation in this population only for sexual abuse occurring outside of the family.



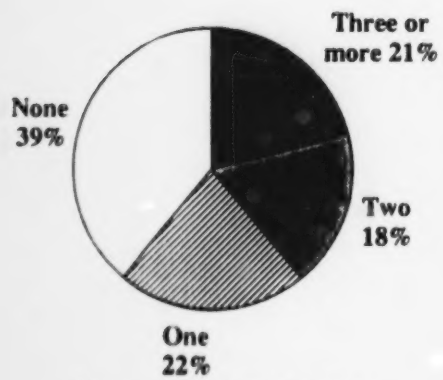
Multiple Environmental Stressors

Six major environmental stressors were examined in the Minnesota Student Survey: family alcohol problems, family drug problems, intrafamilial sexual abuse, extrafamilial sexual abuse, physical abuse, and witnessing family violence among others. Young people in Alternative Schools and Area Learning Centers more often report multiple stressors than students in regular schools. Students reporting multiple environmental stressors are more likely than others to report drug or alcohol use, antisocial behaviors, and emotional distress. The majority of the students (61%) in Alternative Schools and Area Learning Centers report at least one of these six problems, compared with 35% of students in regular schools.

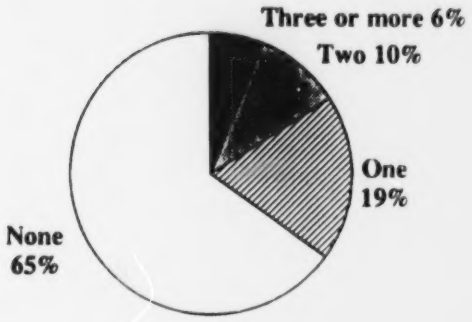
The differences between the two groups of students become even more pronounced as the number of stressors increases. Students in Alternative Schools or Area Learning Centers are 2½ times more likely than their regular school counterparts to have had at least two problems, and over 3 times more likely to have had three problems or more. Although "yes/no" answers to questions about family and other environmental problems are not a perfect measure of such stress, they at least begin to illuminate the nature and degree of difficulties these young people have confronted.

In light of the problems they face at home, the runaway rate for students in Alternative Schools and Area Learning Centers is not surprising: 22% of these students have run away during the 12 months before the survey, compared with 9% of the students in regular schools.

Environmental Stressors



Alternative Schools/ Area Learning Centers



Regular Schools

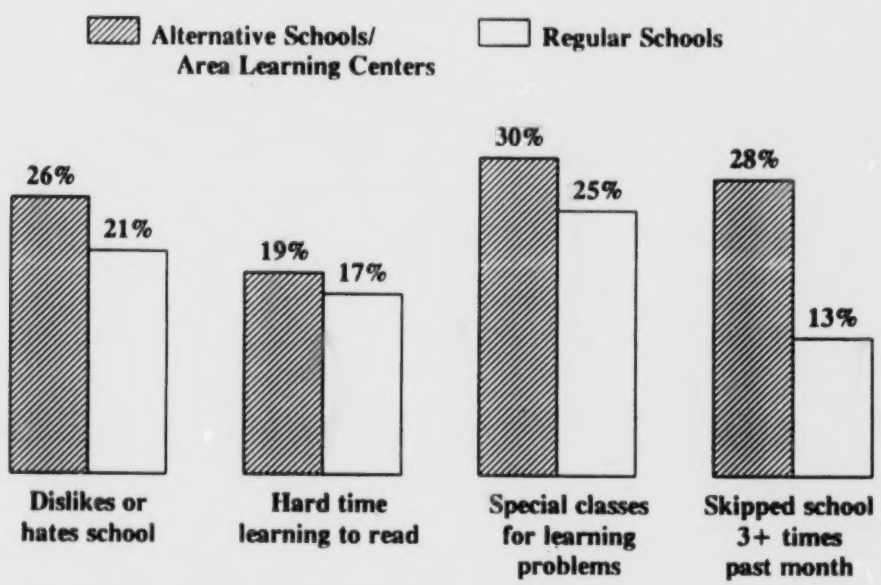
School Performance and Attitude

Although it would be reasonable to surmise that students in Alternative Schools or Area Learning Centers may report very different school attitudes and histories than students in regular schools, this is not the case. Their responses to a question about how much they like school are remarkably similar to those of their peers in regular schools. Alternative School and Area Learning Center students, however, are much more likely than regular school students to report skipping school frequently.

Another surprising finding is that difficulty learning to read and a history of special class placement for learning problems are only slightly more common among Alternative School and Area Learning Center students. These findings suggest that school ability itself may not be the most significant predictor of success in the regular school system.

A word of caution is needed with respect to the similarities in school functioning reported here. Grades are usually seen as the primary measure of successful school performance, and the survey did not attempt to assess the school performance histories of the students surveyed. Although information was collected on current performance, this does not provide a useful comparison because of the different performance evaluation systems used by different schools. Nonetheless, the school findings presented here, viewed in conjunction with the information on family problems, raise important questions about the relative role of individual ability versus the effects of family or other environmental factors in determining a student's success in school.

School Factors



Social Perceptions

In general, the students in Alternative Schools and Area Learning Centers are less likely to report positive perceptions of the extent to which family members and others care about them. Differences between them and regular school students are not large, however. Differences with respect to feeling that family members care about them, understand them, and have fun together are predictable in light of their more disrupted family lives, and are perhaps even smaller than might be anticipated. The larger difference for church leaders is also consistent with their infrequent attendance at religious services.

The fact that fewer believe their friends care a great deal about them is more difficult to explain. It is possible that because of their histories of abuse and otherwise more troubled home lives, they are less adept at bonding even with their age peers. They may be more tentative in trusting others because they may have been hurt by those entrusted with their care.

	Alternative Schools/ALCs	Regular Schools
	%	%
How much do you feel . . .? *(Quite a bit or very much)*		
Your parents care about you	80	87
Your family cares about your feelings	59	65
Your family understands you	38	44
Your family has lots of fun together	32	41
Your family respects your privacy	48	57
Friends care about you	65	75
School people care about you	35	41
Church leaders care about you	27	44

Low Self-esteem

The Alternative School and Area Learning Center students resemble quite closely their counterparts in regular schools in their responses to questions about self-esteem.

One out of three "sometimes think I'm no good," but for the most part, only one student out of five gave an answer indicative of a generally negative view of self.

	Alternative Schools/ALCs	Regular Schools
	%	%
I usually feel good about myself *(Disagree)*	19	18
I am able to do things as well as others my age *(Disagree)*	11	10
On the whole I'm satisfied with myself *(Disagree)*	20	17
I do not have much to be proud of *(Agree)*	24	20
Sometimes I think I'm no good *(Agree)*	32	32
I feel that I can't do anything right *(Agree)*	21	19
I feel that my life is not useful *(Agree)*	20	17

Emotional Distress

Students were asked a variety of questions about their moods and feelings over the month prior to the survey. Stress is the most common problem for students, with two out of five reporting that they had recently been under quite a bit of stress or pressure, or almost under more stress than they could take. One out of four reported recent nervousness or anxiety most or all of the time. One out of five felt so discouraged or hopeless at times during the month before the survey that they wondered whether anything was worthwhile.

Considering the family stressors these students have experienced, it is remarkable that the differences between them and regular school students for questions regarding recent emotional distress are quite small. The proportion reporting recent suicidal thinking is quite high (28%), but identical for both groups of students.

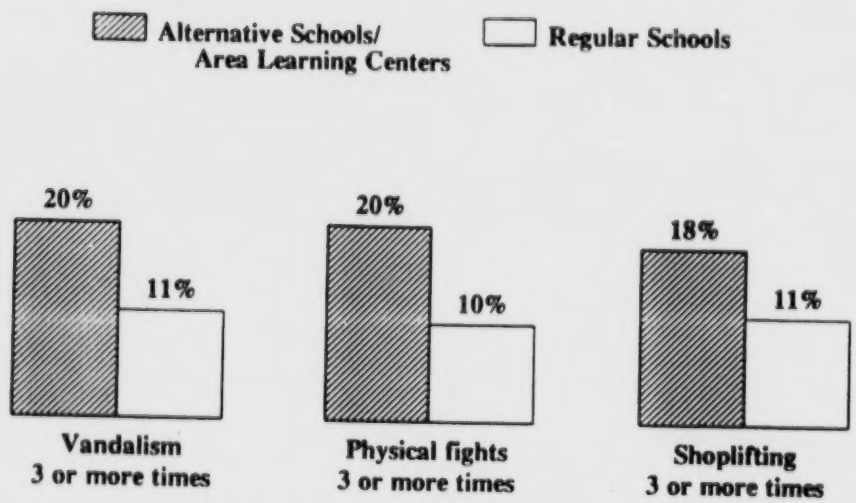
	Alternative Schools/ALCs	Regular Schools
	%	%
(During the past month)		
How has your mood been? *(Bad or very bad)*	7	5
Have you been under any stress or pressure? *(Quite a bit or almost more than I could take)*	42	38
Have you felt sad? *(All or most of the time)*	19	13
Have you felt so discouraged or hopeless that you wondered if anything was worthwhile? *(Extremely so or quite a bit)*	20	17
Have you felt nervous, worried, or upset? *(All or most of the time)*	24	19
How happy or satisfied have you been with your personal life? *(Somewhat or very dissatisfied)*	28	25
Suicidal thoughts	28	28

Antisocial Behavior

Antisocial behavior is twice as common among Alternative School/Area Learning Center students than students in regular schools. Considering multiple acts (3 or more) in the past year, they are twice as likely to acknowledge engaging in vandalism, physical fights, and shoplifting. They are also more likely to say they "very much" get a kick out of doing things that are a little dangerous (23% versus 15%). Antisocial behaviors are known to be much more common among children of dysfunctional families,[4-6] so the 2 to 1 ratio seen here is very much in line with what would be expected in light of their high rates of reported family problems.

Students in Alternative Schools and Area Learning Centers were also asked about belonging to a gang. This question was not included in the 1989 survey, so no comparisons can be made. Approximately one out of six students acknowledged current (6%) or former (11%) gang involvement. Rates are higher for males than females for both current (8% versus 3%) and former (14% versus 8%) gang association. Gangs can vary widely in their involvement in criminal activity, and teenage gang associations can be fairly loose and ill-defined, so it is difficult to interpret this information.

Antisocial Behaviors
(Past Year)



Problem Comparisons

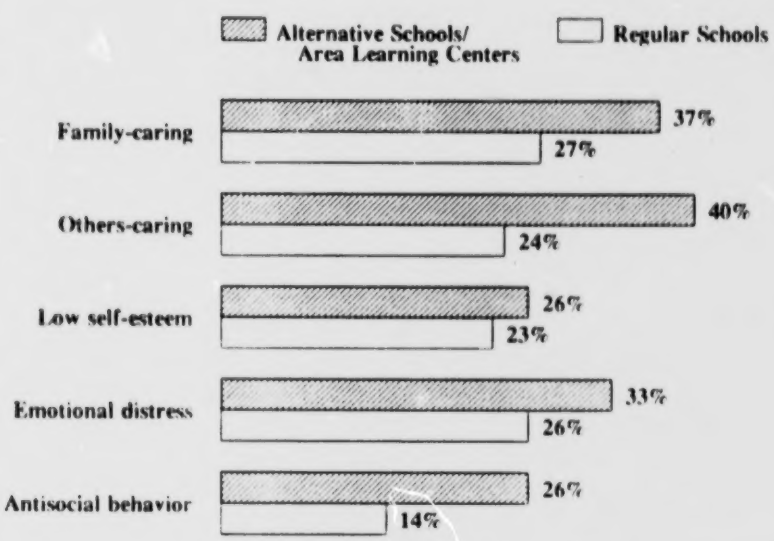
The problem areas of family-caring, others-caring, low self-esteem, emotional distress, and antisocial behavior have been discussed in terms of students' answers to individual questions. It can be more helpful, however, to examine the *patterns* of their responses to questions in each area. In order to do this, points can be assigned to answers, and scores for questions in related areas can be added together. Students can then be compared using the sums of these scores.

Obviously, problem definitions are arbitrary. For example, to examine a problem such as obesity, medical researchers adopt a definition. One definition of obesity is 20% over ideal weight. This definition contains two arbitrary terms. First, "ideal" must be defined. Second, why 20% and not 15% or 25%? The choice of definition may be arguable, but the value of a definition (any reasonably derived definition) is that it can then be used to compare individuals and groups of persons. This is the rationale for selecting the definitions used in this study.

The Minnesota Student Survey problem categories were defined for five scales: family-caring, others-caring, low self-esteem, emotional distress, and antisocial behavior. The definitions were adopted in a detailed study of results of the 1989 survey.[7] In that statewide sample of students in grades 6, 9, and 12, the 20% of students with the most problematic scores on each scale were classified as the "problem" group.

Taking into account the limitations of this technique, it is still useful to compare the Alternative School/Area Learning Center students with their counterparts from the regular schools. The Alternative School/Area Learning Center students scored higher than their regular school counterparts on all five problem scales examined for this analysis. The smallest difference between the two groups is in self-esteem. The largest differences are in the perception of others caring and in participation in antisocial behavior.

Problem Comparisons



Suicidal Behavior

Although students in Alternative Schools and Area Learning Centers are not greatly different from students in regular schools on measures of recent emotional distress, a major difference related to emotional health does emerge. Twice as many students in Alternative Schools and Area Learning Centers have attempted suicide at some time in their lives as students in regular schools (31% versus 15%).

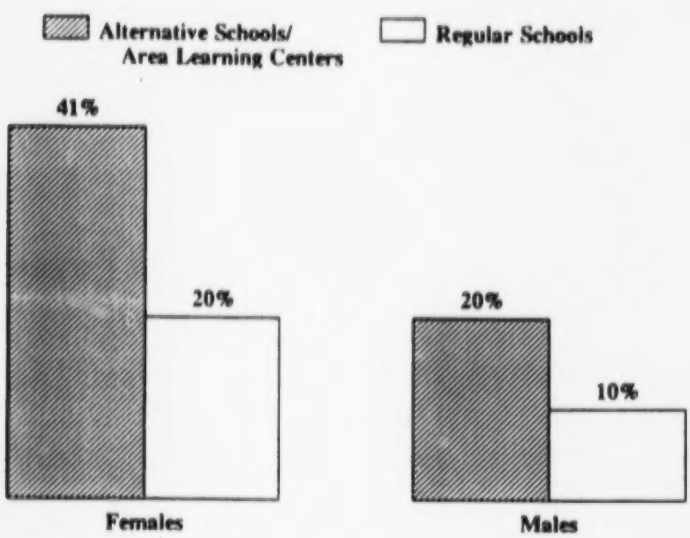
Although suicide attempts are more common among female students, the ratio of 2 to 1 for Alternative School/Area Learning Center students to regular school students holds for both males and females. This elevated rate is consistent with their more frequent experiences of physical and sexual abuse and other family problems, the most potent predictors of suicide attempt found in the 1989 Minnesota Student Survey.[3]

Deliberate Self-injury

A new question about self-injurious behavior was included in the 1991 survey. Students were asked whether, during the 12 months prior to the survey, they had hurt themselves on purpose (cuts, burns, bruises). Almost one out of three students (29%) in Alternative Schools or Area Learning Centers said that they had: 11% said "once," 14% said "a few times," and 4% said "often." In marked contrast to suicide attempt rates where females predominate two to one, there is no significant difference between the deliberate self-injury rates for females and males.

An association has been found in clinical research between deliberate self-injury and a history of abuse.[8,9] Little has been documented about the reasons for engaging in self-injury, but speculations include the desire to control emotional distress or release internal emotional pressure.

Suicide Attempt*



*Lifetime Attempts

Sexual Activity

Nine out of ten students in Alternative Schools or Area Learning Centers report that they have had sexual intercourse. This rate contrasts with a rate of 57% for their gender- and age-matched peers in regular schools. Gender differences with respect to sexual activity are relatively small: in Alternative Schools/Area Learning Centers, 91% of females and 88% of males; in the age-matched regular school sample, 54% of females and 59% of males.

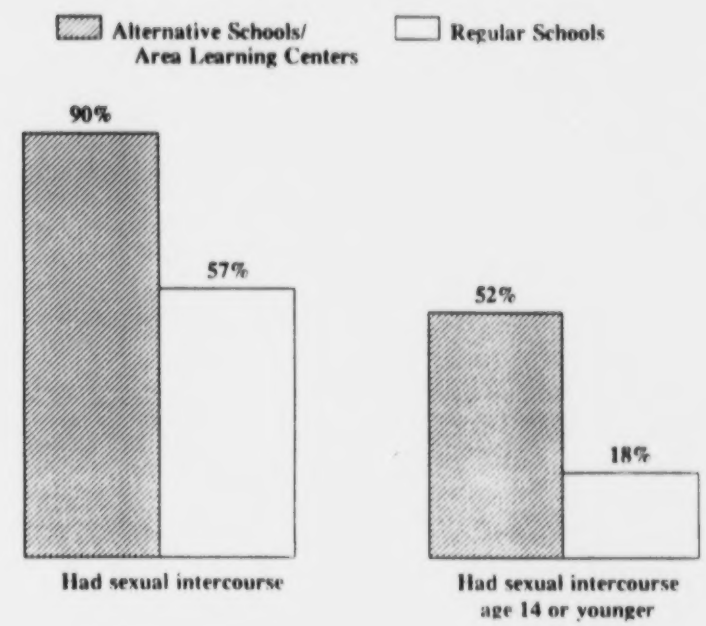
More than half of the Alternative School/Area Learning Center students began to engage in such sexual activity at age 14 or younger, compared with only 18% of the regular school students. Both the high rate of sexual activity and the relatively early age of onset distinguish the Alternative School/Area Learning Center students from their counterparts in regular schools.

Dating Violence

Dating for these young people poses a risk of violent behavior. Both females and males in Alternative Schools/Area Learning Centers are more likely than their regular school counterparts to report that a date has hit them in anger. The comparison for females being hit is 43% versus 16%; and for males, 26% versus 17%.

Twice as many female students in Alternative Schools/Area Learning Centers as in regular schools report that a date has forced them to engage in sexual activity (32% versus 16%). The rate, and the difference for males in the two groups, is much smaller (6% versus 5%). Comparatively few Alternative School/Area Learning Center students report forcing a partner into sex: 5% of males (compared with 6% in regular schools), and 4% of females (compared with 1% in regular schools).

Sexual Activity



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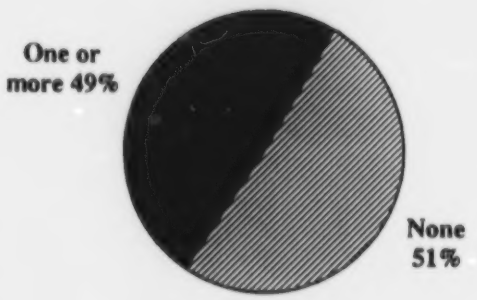
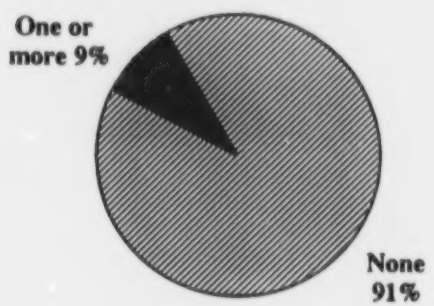
Pregnancies

Half (49%) the female students in Alternative Schools or Area Learning Centers have been pregnant (one fifth of these at least twice). The pregnancy rate for same-age females in regular schools is 9%. The five-to-one ratio reflects in part the reality that for many young women pregnancy leads at least temporarily to dropping out of the regular school system, and also that pregnancy and parenthood are eligibility criteria for Area Learning Centers. Other factors are probably involved as well. Males in Alternative Schools/Area Learning Centers are also more likely than their counterparts in regular schools to report that they are aware that they got someone pregnant (20% versus 7%).

Pregnancies Among Females



Alternative Schools/ Area Learning Centers



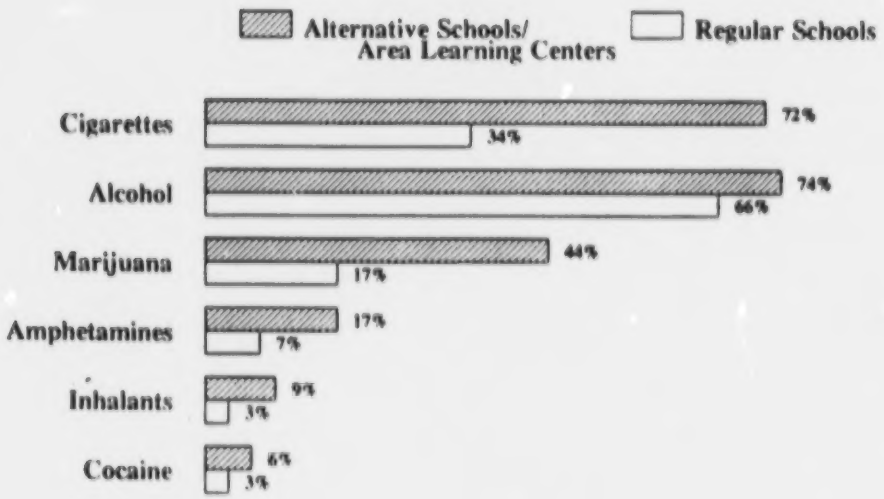
Regular Schools

Prevalence of Alcohol and Drug Use

Alternative School/Area Learning Center students are more likely to report using alcohol or other drugs than are regular school students. Students who have been assessed as chemically dependent meet eligibility criteria for Area Learning Centers; more extensive histories of use are therefore not surprising.

The greatest differences are seen in the numbers using cigarettes and marijuana. Alternative School/Area Learning Center students are twice as likely to have used cigarettes and 2½ times more likely to have smoked marijuana than regular school students. These students are also twice as likely to be using other illegal drugs, although the overall proportions in both groups of students are much smaller. In contrast, the difference in the number using alcohol is modest.

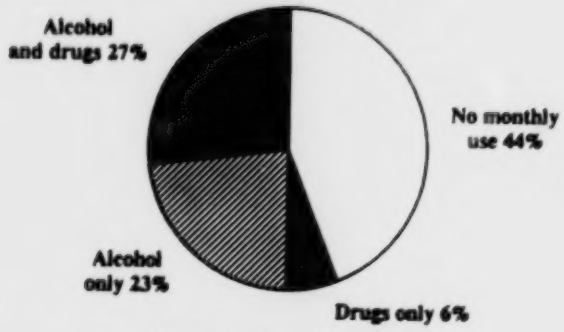
Alcohol and Other Drug Use Prevalence
(Past Year)



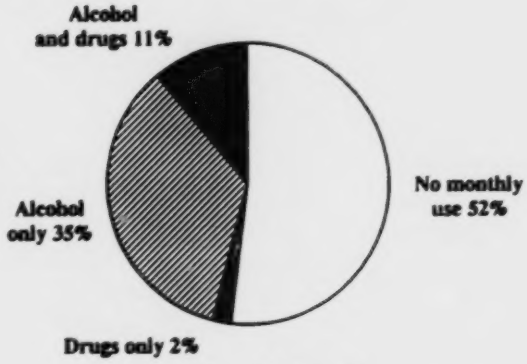
Concurrent Use of Alcohol and Drugs

Considering regular use (defined as at least once a month during the previous year), more than twice as many students in Alternative Schools or Area Learning Centers use a *combination of alcohol and drugs* as students in regular schools (27% versus 11%). Few students in either group report regular drug use in the absence of alcohol use. Regular school students are more likely to use only alcohol or not to use anything on a regular basis.

Monthly Use of Alcohol and Other Drugs



Alternative Schools/ Area Learning Centers

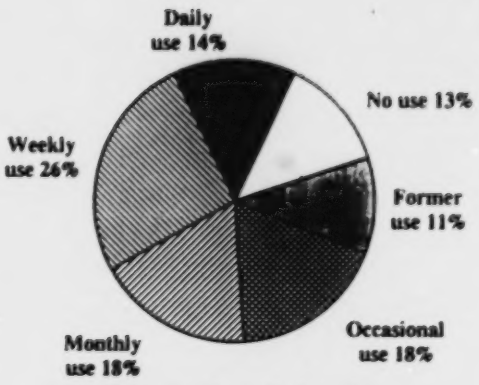


Regular Schools

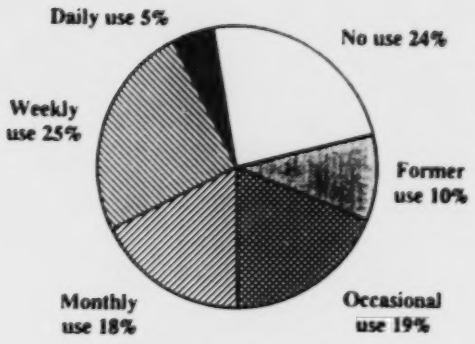
Frequency of Alcohol and Drug Use

In addition to using drugs other than alcohol, Alternative School/Area Learning Center students are also likely to be using more often. They are three times more likely than their regular school counterparts to be using alcohol or other drugs daily (excluding tobacco).

Alcohol and Other Drug Use Frequency



Alternative Schools/ Area Learning Centers



Regular Schools

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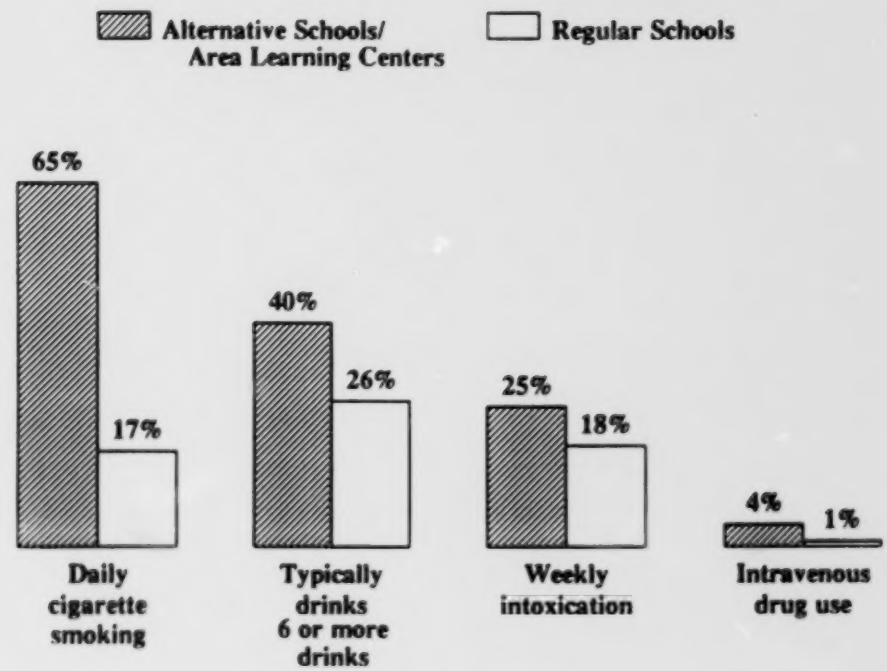
Dangerous Use Patterns

In addition to increased frequency of use, other use patterns put Alternative School/Area Learning Center students at risk. They are almost four times more likely to be daily cigarette smokers. They are 1½ times more likely to become intoxicated frequently and to typically consume alcohol in large quantities. Although the proportion of students who report using needles to inject drugs is very small, this behavior is more prevalent among those in Alternative Schools or Area Learning Centers than among those in regular schools.

High-risk Smoking, Drinking, and Drug Use Behaviors

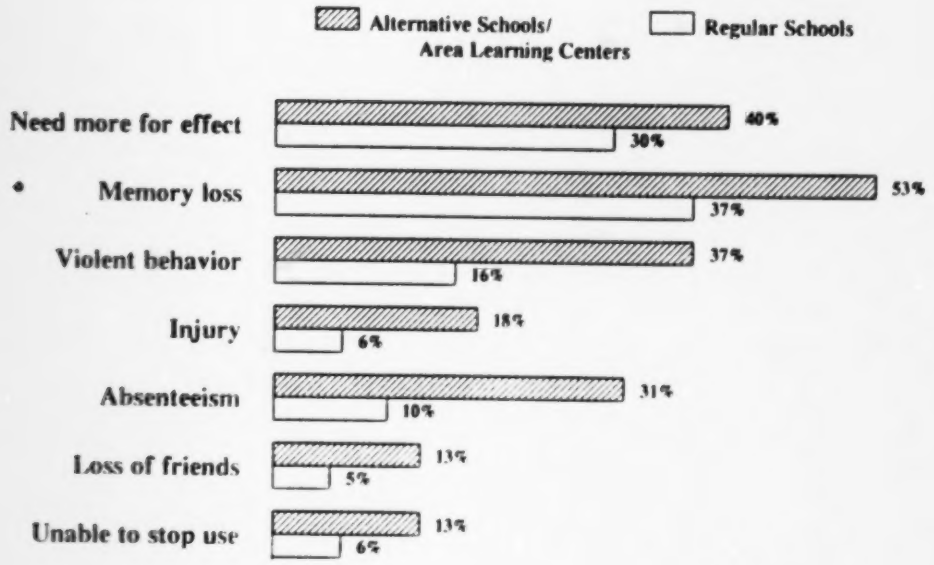


Consequences of Use

Consistent with their more frequent use and their use of multiple drugs, many more Alternative School/Area Learning Center students exhibit problems associated with use. They are three times more likely than regular school students to have had an alcohol- or drug-related injury and to have missed school or work because of their use. They are more than twice as likely as regular school students to report a history of physically abusive or violent behavior associated with their use, to have lost friends because of their use, or to believe that they are unable to stop using.

Alternative School/Area Learning Center students are twice as likely as regular school students to report an alcohol- or drug-related impairment (violence, injury, absenteeism, loss of friends), and four times more likely to report multiple (3 or more) impairments. Many more have also been through chemical dependency treatment: 23% versus 5% of regular school students. Treatment does not appear to have had much impact on use rates for Alternative School/Area Learning Center students. Most who have been in treatment report continuing use (84%); one third of these report daily use. For some students, treatment may have been recent, resulting from their heavy use. However, such confounding would not explain the fact that use rates are very similar for students whether they have been in treatment once, twice, or three times.

Consequences of Alcohol and Other Drug Use



Alcohol and Drug Abuse and Dependency

Alcohol and drug use disorders cannot be diagnosed from responses to survey questions. Nonetheless, it is useful to attempt to construct some continuum of increasing severity of use.

The classification used here *(see sidebar)* is based on an earlier detailed study of the 1989 Minnesota Student Survey.[7] The problem use classification is hierarchical and takes into account several dimensions of use patterns: use frequency, intoxication frequency, number of adverse consequences of use, and inability to stop use.

Students in Alternative Schools or Area Learning Centers are 2½ times more likely than regular school students to be classified in the most serious level problem use category: 23% of them meet the study definition of dependency-risk versus 10% of regular school students. It must be noted here that students who have been assessed as chemically dependent meet eligibility requirements for Area Learning Centers, so it is not surprising that many of these students have serious alcohol and other drug problems.

Substance Use Problem Groups

Nonuser
No use in past year. Includes former users as well as those with no history of use.

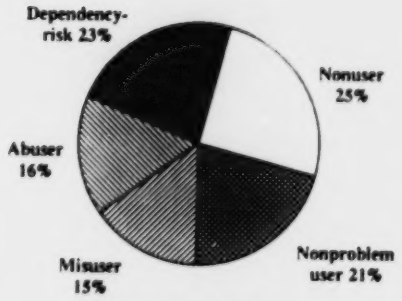
Nonproblem User
At least occasional use in past year. Occasional use but no more than 1 adverse consequence and less than monthly intoxication. Monthly or weekly use with no adverse consequences and less than monthly intoxication.

Misuse
Occasional use with 2+ adverse consequences. Monthly use with 1 adverse consequence or monthly intoxication or inability to stop use.

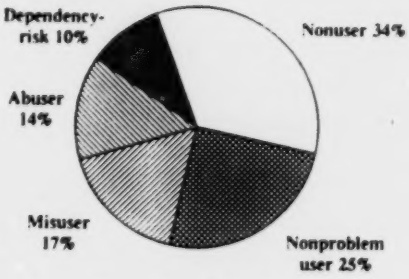
Abuser
Monthly use with 2+ adverse consequences. Weekly use with 1 adverse consequence or weekly intoxication. Daily use with no adverse consequences.

Dependency-risk
Weekly use with 2+ adverse consequences or intoxication more than once a week or inability to stop use. Daily use with 1+ adverse consequences.

Alcohol and Other Drug Problem Use



Alternative Schools/ Area Learning Centers



Regular Schools

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CORRECTIONS/ DETENTION CENTERS

The 12 Corrections and Detention Centers participating in this survey include secure detention centers, corrections facilities licensed by the Minnesota Department of Corrections, and county-operated facilities. Adolescents in these facilities are awaiting court action, have been sentenced, or reside in custody services.

The length of stay in these programs varies greatly; most youth remain in detention centers for 15 days or fewer, while the average length of stay in a correction facility is five months. Because the surveys were administered at a fixed point in time, it is likely that this sample includes a higher proportion of longer-term facility residents.

Of 540 surveys completed by adolescents in Corrections/Detention Centers, 461 were used for this report; 5% were discarded as incomplete, and 10% were eliminated because of inconsistent or exaggerated response patterns. The proportion of surveys excluded is higher than typically found in survey analysis. The higher exclusion rate may be related to the characteristics of this population or the conditions under which the survey was administered.

Males greatly outnumber females in Corrections/Detention Center populations. Only 42 of the 461 surveys in this group were completed by young women. Because of this small sample size, the information presented in this section for females must be interpreted with caution.

The portrait presented here of Corrections and Detention Centers is best viewed as a snapshot. Population characteristics may change over time, and fluctuate based on the characteristics of young people held at these sites. Percentages should be considered within this context since they do not represent all the young people who are served through the juvenile justice system.

Gender and Age

Males predominate in the Corrections/ Detention Center population (91%). The average age is 16. More than half of these adolescents are 16 or 17, with one third age 15 or younger.

Age

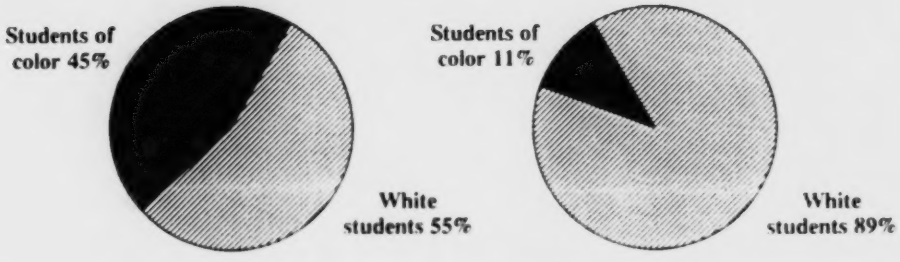
11-13	4%
14	8%
15	20%
16	25%
17	29%
18	13%
19-20	1%

Race/Ethnicity

Four times as many young people of color are found in Corrections/Detention Centers than would be expected based on their numbers in a regular school sample matched for gender and age. The greatest disparities are seen for American Indian and African American youth. Among the communities of color, only Asian American students are not overrepresented in the Corrections/Detention Center population.

	Corrections/ Detention Centers	Regular Schools
White	55%	89%
American Indian	17%	1%
African American	14%	2%
Hispanic	4%	1%
Asian American	3%	3%
Mixed race/other	5%	2%
Unknown	2%	2%

Racial/Ethnic Background



Corrections/ Detention Centers

Regular Schools

It is important to understand the limitations of race/ethnicity classifications used in this study and elsewhere. In Minnesota, as in the United States as a whole, racial/ethnic minority status is highly correlated with lower socioeconomic status. "Racial" differences often reflect differences that are more causally related to class. For example, a variety of health indicators earlier believed to be associated with race have been found in more recent studies to be related directly to poverty. In the Minnesota Student Survey, young people are asked "How do you describe yourself?" In addition to the federally-prescribed categories, they are given two additional choices: "other or mixed race," and "I don't know."

Living Situation

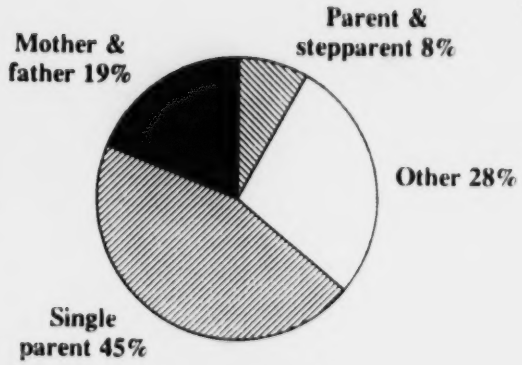
Adolescents in Corrections/Detention Centers are much less likely than students in regular schools to be living with two parents, and much more likely to be living with a single parent, or not living with parents at all. It is not clear how much of this difference is due to students' current placement.

Both biological parents	17%
Both adoptive parents	2%
Mother and stepfather	8%
Father and stepmother	<1%
Mother only	38%
Father only	7%
Joint custody	7%
No adults in home	8%
Other situation	13%

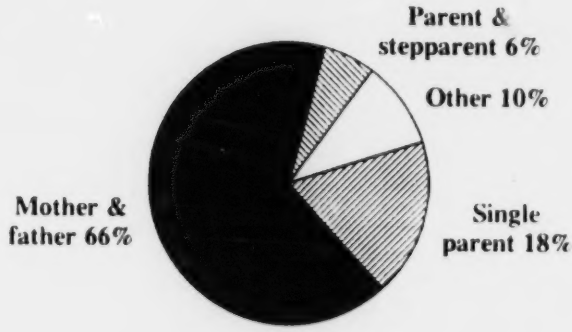
Religious Involvement

A major difference exists between these two groups of students in terms of the role of religion in their lives. Students in the regular schools are 1½ times more likely than adolescents in Corrections/Detention centers to view religion as "very important" or "pretty important" in their lives (51% versus 32%). Differences between the two groups in regular religious service attendance are even more pronounced. More than half (57%) of the regular school students attend a service at least once a month (most of them once a week), compared with only 26% of the Corrections/Detention Center adolescents.

Adults in Household



Corrections/ Detention Centers

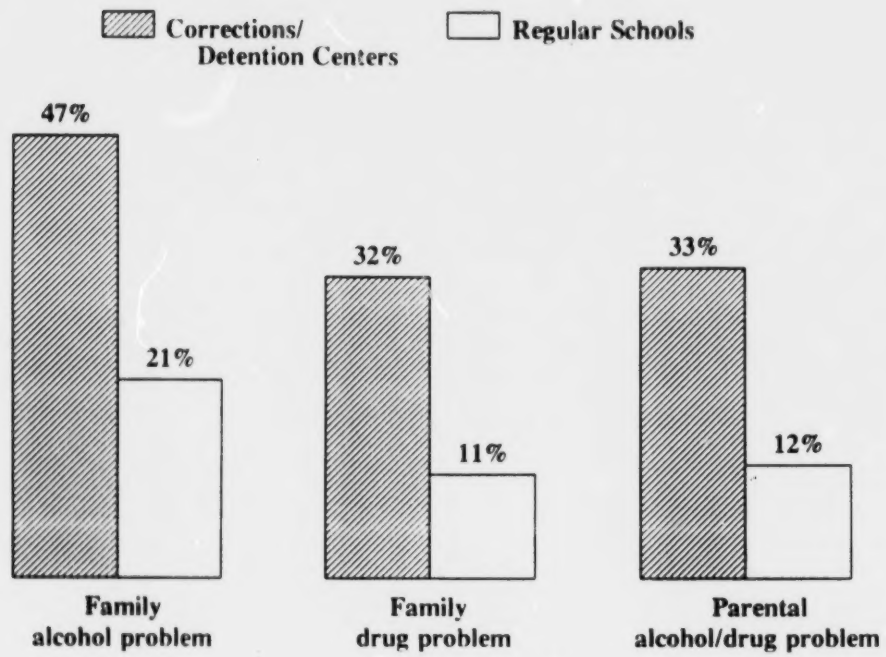


Regular Schools

Family Alcohol and Drug Problems

Almost half of the families of adolescents in Corrections/Detention Centers have alcohol problems, and one third have problems with other drugs. The rate of family drug problems is three times that reported by regular school students and the rate of family alcohol problems is more than doubled. Considering only alcohol and other drug abuse among parents (whether they live with the adolescent or elsewhere), the elevated risk remains: adolescents in Corrections/Detention Centers are almost three times more likely than students in regular schools to report a parental alcohol or drug problem.

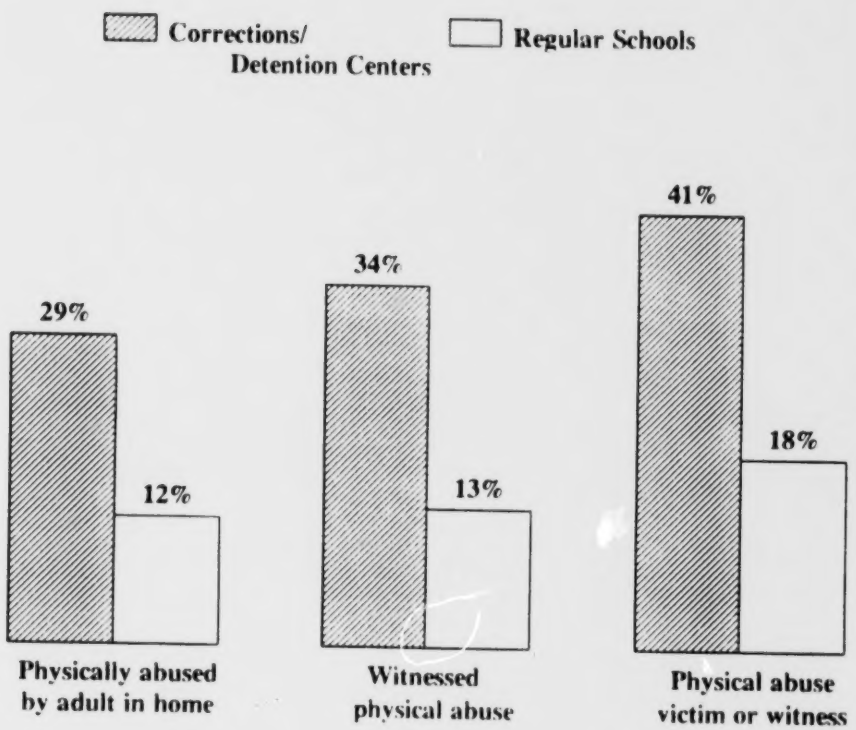
Family Alcohol and Other Drug Problems



Family Violence

Family violence is roughly 2½ times more prevalent in the homes of adolescents in Corrections/Detention centers than in the homes of students in regular schools. Almost one third of these young people report that they have been hit by an adult in their household "so hard or so often that you had marks or were afraid of that person." One third report that they have witnessed other family members subjected to such physical abuse. Two in every five of these adolescents (41%) report that they have personally experienced or witnessed physical abuse in their homes, compared with less than one fifth (18%) of the students in the matched regular school sample.

Family Violence



Sexual Abuse

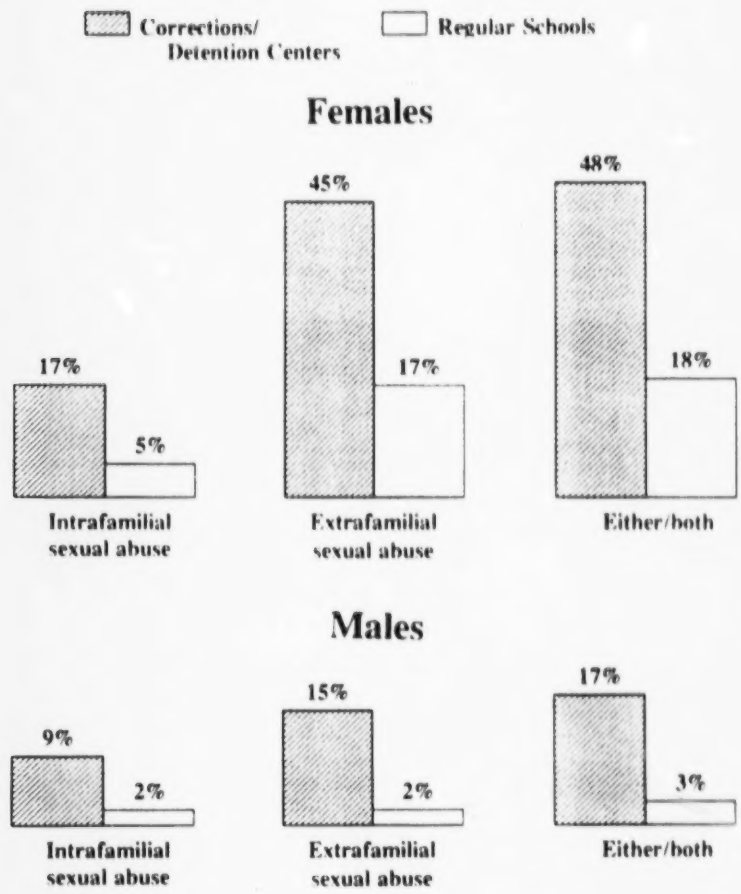
Females in Corrections/Detention Centers are 2½ times more likely than females in regular schools to report a history of sexual abuse. For males the rate is five times higher than that reported by their regular school counterparts.

One out of 6 young women and one out of 11 young men responded "yes" to the question, "Has any older or stronger member of your family ever touched you sexually or had you touch them sexually?"

Almost half the young women and almost one out of 6 young men responded "yes" to the question, "Has any adult or older person outside the family ever touched you sexually against your wishes or forced you to touch them sexually?"

The sexual abuse rates reported here include incest and abuse by adults outside of the family, but do not include sexual abuse by a date. Those reports are considered in a later section about dating behaviors.

Sexual Abuse



Multiple Environmental Stressors

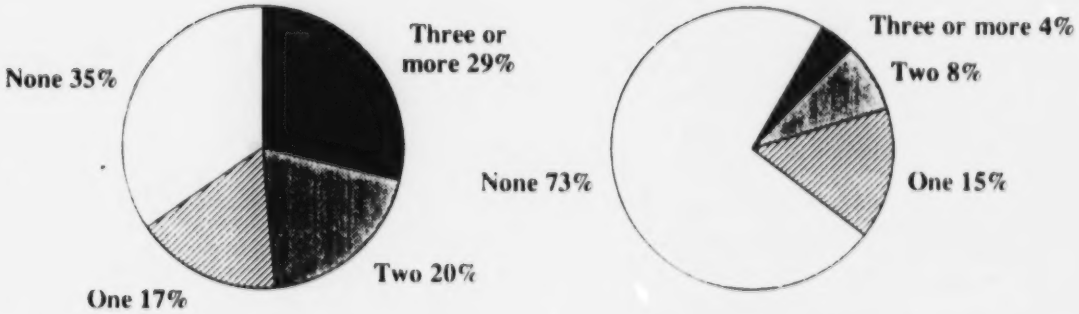
Six major environmental stressors were examined in the Minnesota Student Survey: family alcohol problems, family drug problems, intrafamilial sexual abuse, extrafamilial sexual abuse, physical abuse, and witnessing family violence among others. Young people in Corrections/ Detention Centers more often report multiple stressors than students in regular schools. Students reporting multiple environmental stressors are more likely than others to report drug or alcohol use, antisocial behaviors, and emotional distress.

Two thirds of the adolescents (65%) in Corrections/Detention Centers report at least one of these six stressors, compared with 27% of the students in regular schools. The difference between the populations becomes even more pronounced as the number of stressors increases.

Adolescents in Corrections/Detention Centers are four times more likely than their regular school counterparts to have had at least two problems, and seven times more likely to have had three problems or more. Although "yes/no" answers to questions about family and other environmental problems are not a perfect measure of stress, they at least begin to illuminate the nature and degree of difficulties these young people have confronted.

In light of the problems they face at home, the runaway rate for adolescents in Corrections/Detention Centers is not surprising; almost half (45%) of these adolescents have run away during the 12 months before the survey, compared with 10% of the students in regular schools.

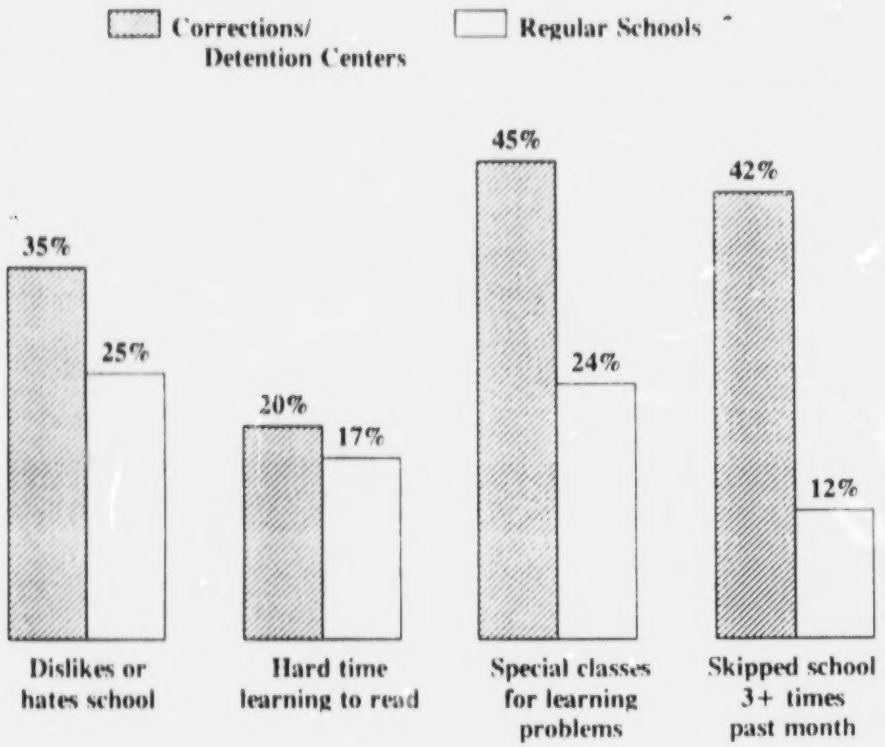
Environmental Stressors



School Performance and Attitude

Although adolescents in Corrections/ Detention Centers are only slightly more likely than their regular school counterparts to report having trouble learning to read, they are almost twice as likely to have been in special classes for learning problems. They are also more likely to report that they dislike school and much more likely to skip school frequently.

School Factors



Social Perceptions

Overall, adolescents in Corrections/ Detention Centers report less positive perceptions of the extent to which other people care about them than students in regular schools.

Differences are greater for perceptions of people outside the family (friends, school and church officials) than for parents. In terms of whether these young people believe their families understand them, care about their feelings, and have fun together, there is very little difference between the two groups of students.

	Corrections/ Detention Centers	Regular Schools
	%	%
How much do you feel . . .? *(Quite a bit or very much)*		
Your parents care about you	81	88
Your family cares about your feelings	69	66
Your family understands you	46	47
Your family has lots of fun together	40	42
Your family respects your privacy	60	53
Friends care about you	60	68
School people care about you	32	43
Church leaders care about you	32	49

Low Self-esteem

The Corrections/Detention Center adolescents are consistently more negative than regular school students in their self-perceptions.

They are more likely to believe that they don't have much to be proud of, they are "no good," can't do anything right, and that their lives are not useful.

	Corrections/ Detention Centers	Regular Schools
	%	%
I usually feel good about myself *(Disagree)*	18	14
I am able to do things as well as others my age *(Disagree)*	11	9
On the whole I'm satisfied with myself *(Disagree)*	20	12
I do not have much to be proud of *(Agree)*	27	19
Sometimes I think I'm no good *(Agree)*	32	26
I feel that I can't do anything right *(Agree)*	20	15
I feel that my life is not useful *(Agree)*	25	14

Emotional Distress

Students were asked a variety of questions about their moods and feelings over the month prior to the survey. Adolescents in Corrections/Detention Centers report a great deal more stress, anxiety, dissatisfaction, sadness, discouragement, and hopelessness than students in regular schools. More also report recent thoughts about suicide (29% versus 23%).

	Corrections/ Detention Centers	Regular Schools
(During the past month)	%	%
How has your mood been? *(Bad or very bad)*	10	5
Have you been under any stress or pressure? *(Quite a bit or almost more than I could take)*	44	30
Have you felt sad? *(All or most of the time)*	23	8
Have you felt so discouraged or hopeless that you wondered if anything was worthwhile? *(Extremely so or quite a bit)*	26	13
Have you felt nervous, worried, or upset? *(All or most of the time)*	26	13
How happy or satisfied have you been with your personal life? *(Somewhat or very dissatisfied)*	32	22
Suicidal thoughts	29	23

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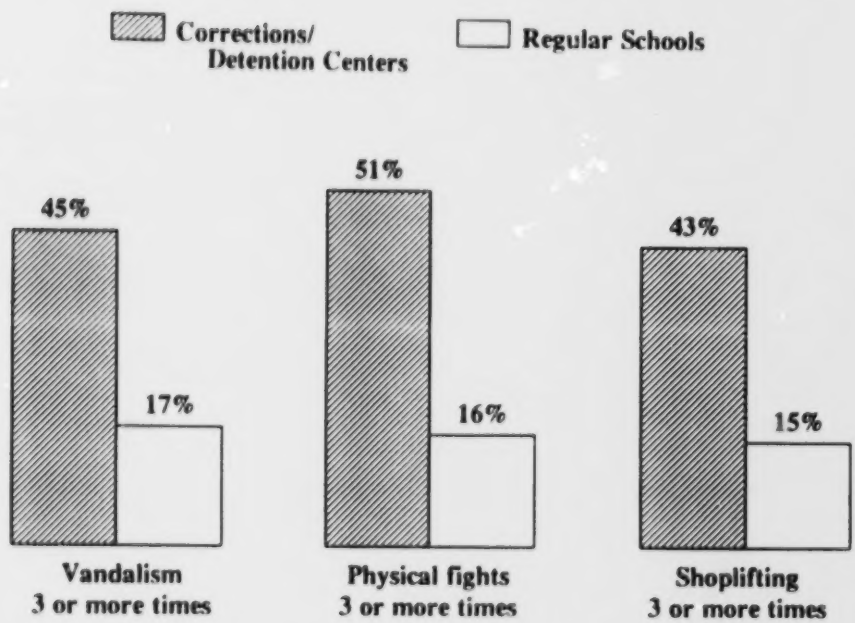
Antisocial Behavior

Antisocial behavior is three times more common among Corrections/Detention Center adolescents than among students in regular schools. Considering multiple acts (3 or more) in the past year, they are roughly three times more likely to acknowledge engaging in vandalism, physical fights, and shoplifting. They are also more likely to say they "very much" get a kick out of doing things that are a little dangerous (30% versus 19%). Antisocial behaviors are known to be much more common among children of dysfunctional families,[4-6] so the 3 to 1 ratio seen here is very much in line with what would be expected in light of their high rates of reported family problems. In addition, the criteria for placement in Corrections facilities or Detention Centers include antisocial behaviors, so elevated rates of these behaviors are not surprising in this population.

Adolescents in Corrections/Detention Centers were also asked about belonging to a gang. This question was not included in the 1989 survey. Almost half acknowledged current (27%) or former (17%) gang involvement. Because gangs can vary widely in their involvement in criminal activity, and because teenage gang associations can be fairly loose and ill-defined, it is difficult to evaluate this information.

Antisocial Behaviors
(Past Year)



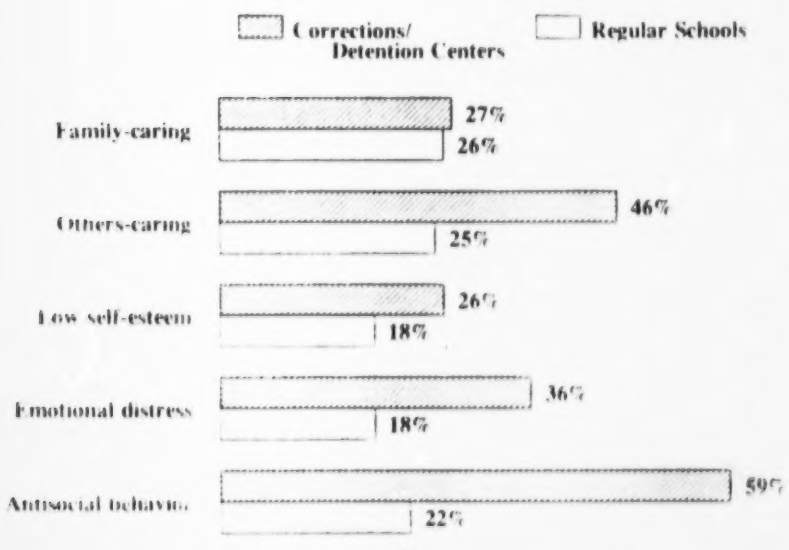
Problem Comparisons

The problem areas of family-caring, others-caring, low self-esteem, emotional distress, and antisocial behavior have been discussed in terms of students' answers to individual questions. It can be more helpful, however, to examine the *patterns* of their responses to questions in each area. In order to do this, points are assigned to answers and scores for questions in related areas are added together. Students can then be compared using the sums of these scores.

Obviously, problem definitions are arbitrary. The definition chosen may be arguable, but the value of a definition (any reasonably derived definition) is that it can then be used to compare individuals and groups of persons. The definitions used here were adopted in a detailed study of results of the 1989 survey.[7] In that statewide sample of students in grades 6, 9, and 12, the 20% of students with the most problematic scores on each scale were classified as the "problem" group in each of the five categories (family-caring, others-caring, low self-esteem, emotional distress, and antisocial behavior).

Taking into account the limitations of this technique, it is still useful to compare the Corrections/Detention Center adolescents with their counterparts in the matched sample from the regular schools. The adolescents in the Corrections/Detention Center population scored higher than their regular school counterparts on all five of the problem scales examined for this analysis. The greatest differences between the two groups are seen in problems with antisocial behavior and emotional distress. Reported feelings of alienation from friends, school, and church officials are also much more common among young people in Corrections/Detention Centers. In contrast, the difference in low self-esteem is relatively small, and the difference in perceptions of family-caring is negligible.

Problem Comparisons



Suicidal Behavior

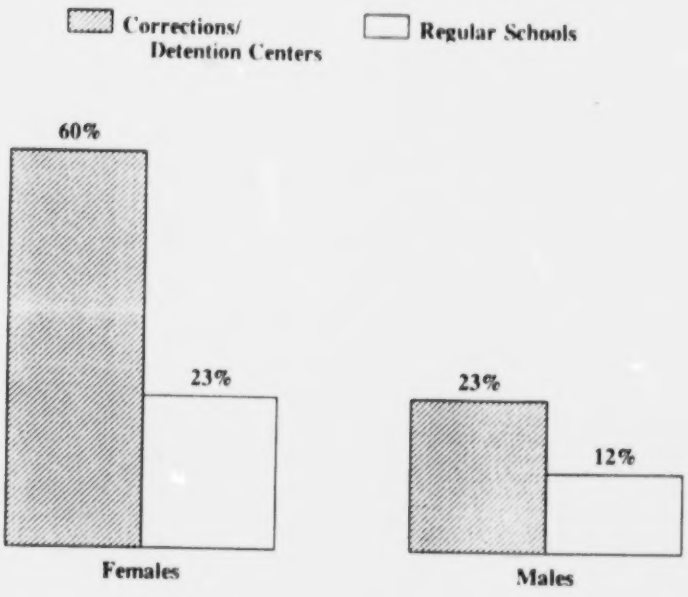
The lifetime suicide attempt rate is twice as high for young people in Corrections/Detention Centers as for regular school students (26% versus 13%). The disparity is greater for females than for males, but because there are so few females in this population, this rate may not be a stable indicator.

The high rates of reported suicide attempts may be one of the most disturbing findings of this study. High suicide attempt rates are consistent with the high rates of physical and sexual abuse and other family problems reported by Corrections/ Detention Center adolescents. The 1989 Minnesota Student Survey found these experiences to be the most potent predictors of suicide attempts among young people.[3]

Deliberate Self-injury

A new question about self-injurious behavior was included in the 1991 survey. Students were asked whether, during the 12 months prior to the survey, they had hurt themselves on purpose (cuts, burns, bruises). Two out of five adolescents (39%) in Corrections/Detention Centers said that they had: 13% said "once," 21% said "a few times," and 5% said "often." An association has been found in clinical research between deliberate self-injury among children and adolescents and a history of sexual and/or physical abuse.[8,9] Self-injury not of suicidal intent has not been explored adequately in student surveys.

Suicide Attempt*



*Lifetime Attempts

Sexual Activity

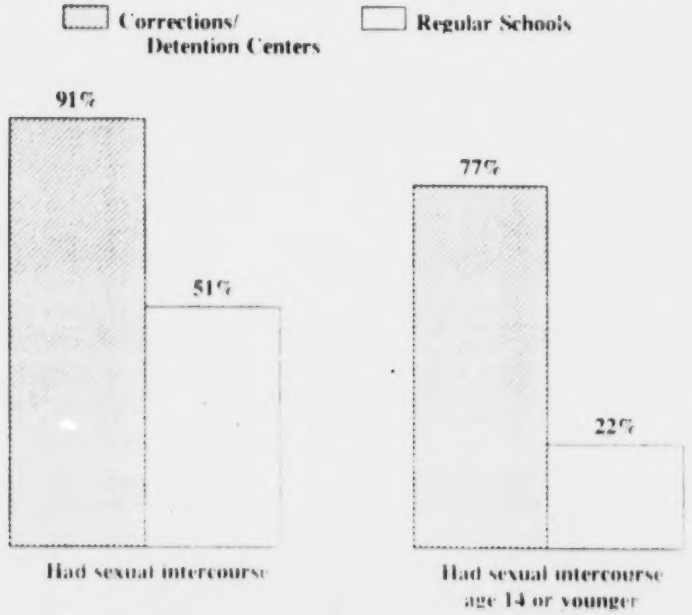
Nine out of ten adolescents in Corrections/ Detention Centers report that they have had sexual intercourse, in contrast to half of their gender- and age-matched peers in the regular schools. The gender difference is not statistically significant but the rate is slightly higher for females than for males in the Correction/Detention Center population (97% versus 90%). In the matched regular school sample, more males than females reported sexual activity (52% versus 41%).

More than three fourths of the Corrections/Detention Center adolescents initiated such sexual activity at age 14 or younger, compared with only 22% of the students in regular schools. The early age of onset sets these young people apart from their regular school counterparts to an even greater extent than sexual activity itself.

Dating Violence

Dating for these young people poses a risk of violent behavior. Both females and males in Corrections/Detention Centers are more likely than their regular school counterparts to report that a date has hit them in anger. The comparison for females being hit is 53% versus 21%; for males, 28% versus 16%. Females in Corrections/Detention Centers also more often report that a date has forced them to engage in sexual activity: 28% compared with 17% in the regular schools. The rate and the difference for males is much smaller (7% versus 5%). Almost one fifth (17%) of the males in Corrections/ Detention Centers acknowledge forcing someone to have sex, compared with only 5% of their male counterparts in the regular schools. Very small proportions of female students in either group report forcing someone to have sex (2% and 1%).

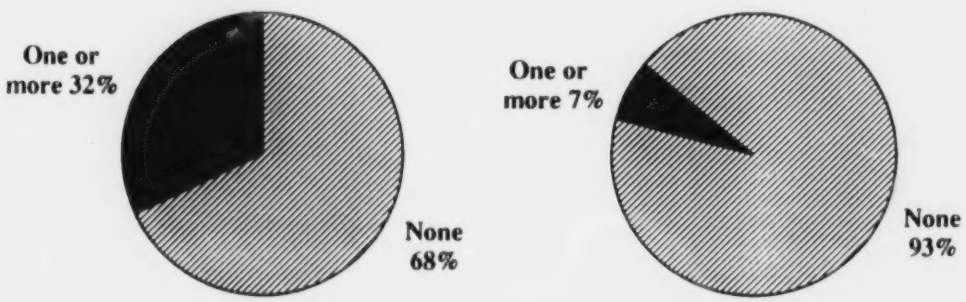
Sexual Activity



Pregnancies

One third (32%) of the female adolescents in Corrections/Detention Centers have been pregnant. The pregnancy rate for same-age females in regular schools is 7%. Males in the Corrections/Detention Centers are also much more likely than their counterparts in regular schools to report that they are aware that they got someone pregnant (37% versus 6%).

Pregnancies Among Females



Corrections/ Detention Centers

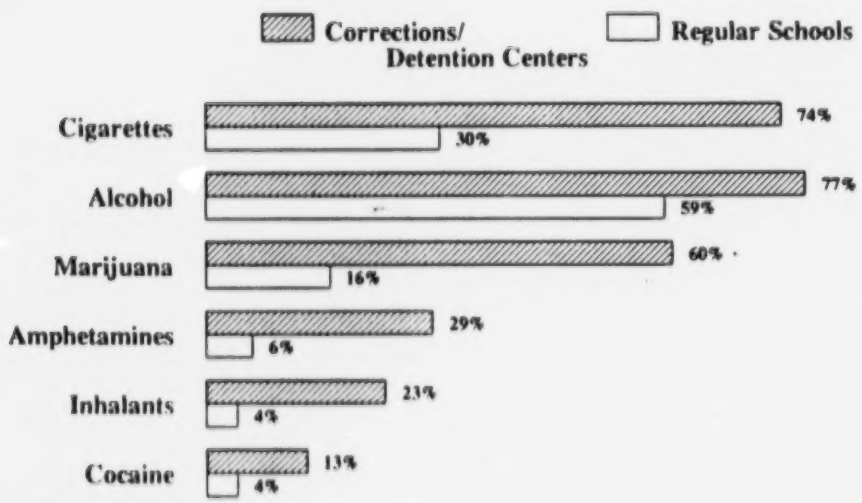
Regular Schools

Prevalence of Alcohol and Drug Use

Corrections/Detention Center adolescents are much more likely to be using alcohol and all other drugs than regular school students.

Considering use over the 12 months prior to the survey, Corrections/Detention Center adolescents are five times more likely than regular school students to have used amphetamines and inhalants; almost four times more likely to have used marijuana; three times more likely to have used cocaine; and 2½ times more likely to have smoked cigarettes. In contrast, the difference in the number reporting alcohol use is modest.

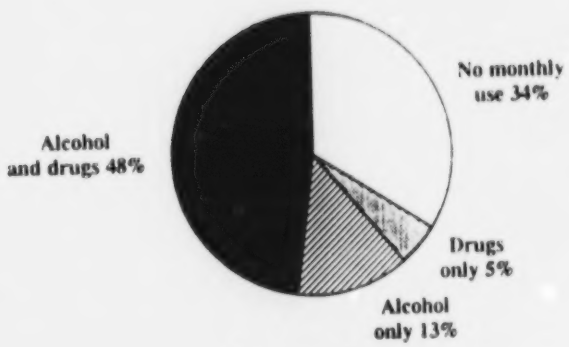
Alcohol and Other Drug Use Prevalence
(Past Year)



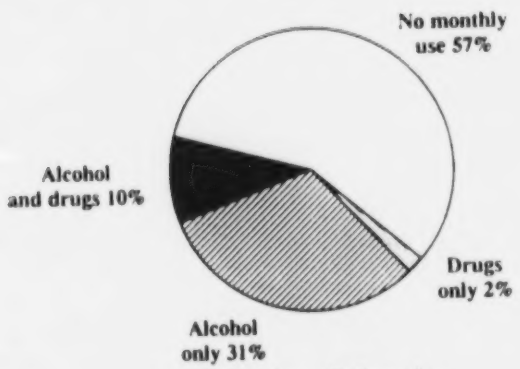
Concurrent Use of Alcohol and Drugs

Considering regular use (defined as at least once a month during the previous year), almost five times more adolescents in Corrections or Detention Centers use a *combination of alcohol and drugs* than students in regular schools (48% versus 10%). Few students report regular drug use in the absence of alcohol use in either group. Regular school students are much more likely to use only alcohol or not to use anything on a regular basis.

Monthly Use of Alcohol and Other Drugs



Corrections/ Detention Centers

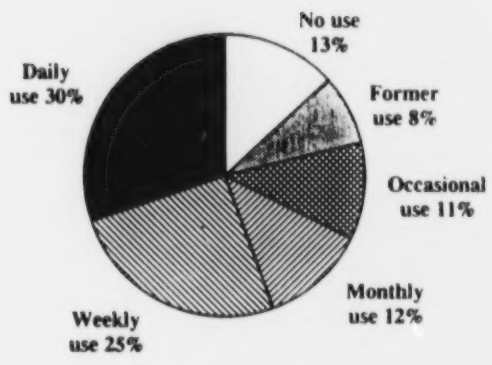


Regular Schools

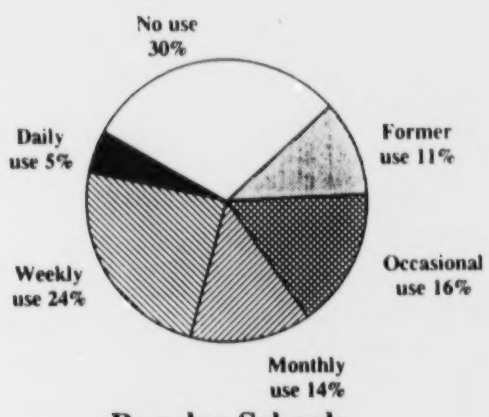
Frequency of Alcohol and Drug Use

In addition to using drugs other than alcohol, Corrections/Detention Center adolescents are also likely to be using more often. They are six times more likely than their regular school counterparts to be using alcohol or other drugs (excluding tobacco) every day.

Alcohol and Other Drug Use Frequency



Corrections/ Detention Centers

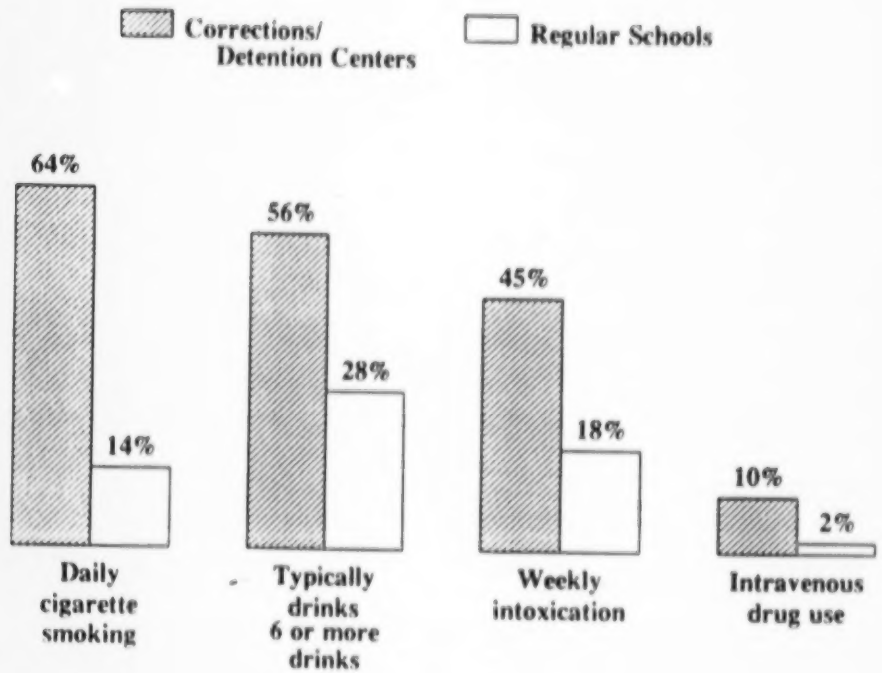


Regular Schools

Dangerous Use Patterns

In addition to increased frequency of use, other use patterns put Corrections/ Detention Center adolescents at risk. They are 4½ times more likely to be daily cigarette smokers. They are 2½ times more likely to become intoxicated frequently, and twice as likely to typically consume alcohol in large quantities. Although the rate of using needles to inject drugs is typically very low among young people, one out of ten adolescents in Corrections/Detention Centers report intravenous drug use.

High-risk Smoking, Drinking, and Drug Use Behaviors



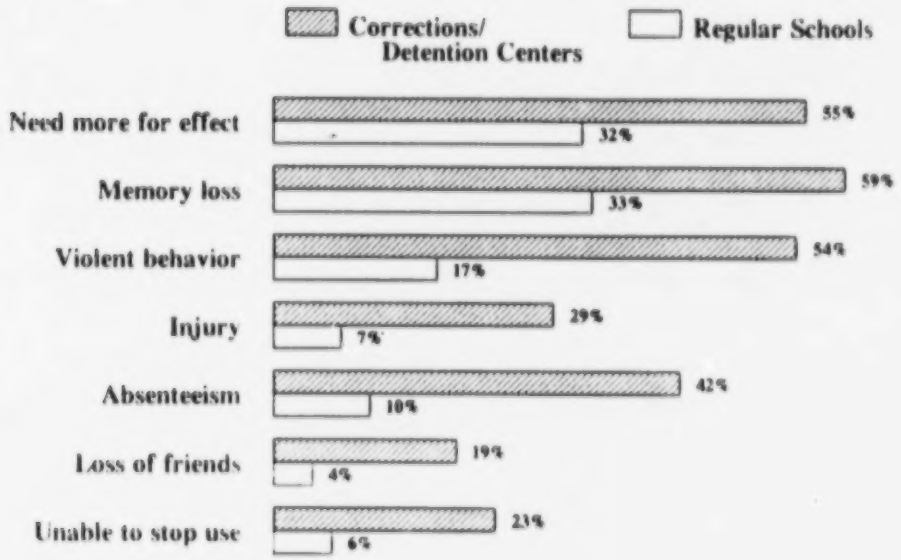
Consequences of Use

Consistent with their much more frequent use and their concurrent use of alcohol and other drugs, many more Corrections/ Detention Center adolescents exhibit problems associated with use. They are five times more likely than regular school students to say they have lost friends because of their use. They are four times more likely to have had an alcohol- or drug-related injury, to have missed school or work because of their use, and to believe they are unable to stop use. They are three times more likely to report a history of physically abusive or violent behavior associated with their use.

Corrections/Detention Center adolescents are ten times more likely than regular school students to report multiple (3 or more) alcohol- or drug-related impairments (violence, injury, absenteeism, loss of friends). Many more have also been through chemical dependency treatment: 32% versus 6% of regular school students. Half of these young people have been in chemical dependency treatment more than once.

Nine out of ten Corrections/Detention Center adolescents who have been in treatment report use during the previous year, more than half of these on a daily basis. Use patterns are very similar for adolescents whether they have been through treatment once, twice, or three or more times.

Consequences of Alcohol and Other Drug Use



Alcohol and Drug Abuse and Dependency

Alcohol and drug use disorders cannot be diagnosed from responses to survey questions. Nonetheless, it is useful to attempt to construct some continuum of increasing severity of use.

The classification used here is based on an earlier detailed study of the 1989 Minnesota Student Survey.[7] The problem use classification is hierarchical and takes into account several dimensions of use patterns: use frequency, intoxication frequency, number of adverse consequences of use, and inability to stop use *(see sidebar)*.

Adolescents in Corrections or Detention Centers are four times more likely than regular school students to be classified in the most serious level problem use category: 43% of them meet the study definition of dependency-risk, versus 10% of regular school students. This finding is consistent with their higher rates of chemical dependency treatment.

Substance Use Problem Groups

Nonuser
No use in past year. Includes former users as well as those with no history of use.

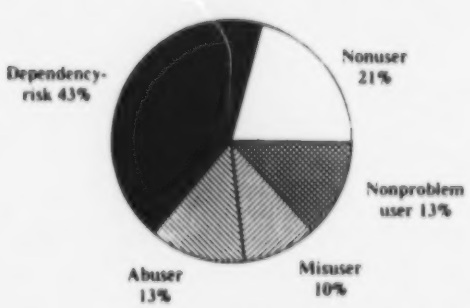
Nonproblem user
At least occasional use in past year. Occasional use but no more than 1 adverse consequence and less than monthly intoxication. Monthly or weekly use with no adverse consequences and less than monthly intoxication.

Misuse
Occasional use with 2+ adverse consequences. Monthly use with 1 adverse consequence or monthly intoxication or inability to stop use.

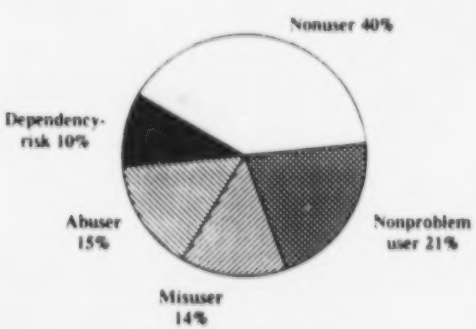
Abuser
Monthly use with 2+ adverse consequences. Weekly use with 1 adverse consequence or weekly intoxication. Daily use with no adverse consequences.

Dependency-risk
Weekly use with 2+ adverse consequences or intoxication more than once a week or inability to stop use. Daily use with 1+ adverse consequences.

Alcohol and Other Drug Problem Use



Corrections/ Detention Centers



Regular Schools

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RESIDENTIAL TREATMENT CENTERS

The 21 Residential Treatment Centers surveyed typically offer 24-hour structured programming and may specialize in particular behavioral, emotional, or learning problems. Some of the programs have on-site educational components, while residents of others attend local public schools. Many of these centers are licensed by the Department of Human Services under Rule 5 or Rule 8. Some agencies are sponsored by religious organizations. Placement criteria for these centers vary greatly.

Of 413 surveys completed by adolescents in Residential Treatment Centers, 348 were used for this report; 5% were discarded as incomplete, and 11% were eliminated because of inconsistent or exaggerated response patterns. The proportion of surveys excluded is higher than typically found in survey analysis. The higher exclusion rate may be related to the characteristics of this population or the conditions under which the survey was administered.

The portrait presented here of the Residential Treatment Centers is best viewed as a snapshot. Population characteristics may change over time, and fluctuate based on differences in the characteristics of adolescents admitted to these programs. Percentages should be considered within this context since they do not represent all the young people who are served through the adolescent treatment system.

Gender and Age

Males outnumber females in Residential Treatment Centers two to one (65% male). The average age is 15. Half of these young people are 15 or 16. However, one third are 14 or younger.

Age

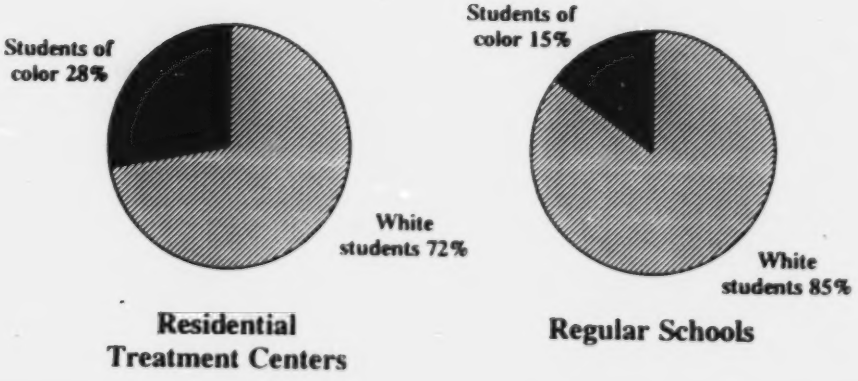
11-13	16%
14	16%
15	25%
16	26%
17	13%
18	3%
19-20	1%

Race/Ethnicity

Residential Treatment Centers include more young people of color than are found in a gender- and age-matched sample of students from regular schools. More than one fourth (28%) of these adolescents are members of ethnic minority groups compared with only 15% of the regular school sample. Residential Treatment Centers serve disproportionate numbers of American Indian and Hispanic adolescents, and adolescents of mixed racial heritage.

	Residential Treatment	Regular Schools
White	72%	85%
American Indian	6%	1%
African American	3%	2%
Hispanic	6%	2%
Asian American	3%	3%
Mixed race/other	8%	5%
Unknown	2%	2%

Racial/Ethnic Background



It is important to understand the limitations of race/ethnicity classifications used in this study and elsewhere. In Minnesota, as in the United States as a whole, racial/ethnic minority status is highly correlated with lower socioeconomic status. "Racial" differences often reflect differences that are more causally related to class. For example, a variety of health indicators earlier believed to be associated with race have been found in more recent studies to be related directly to poverty. In the Minnesota Student Survey, young people are asked "How do you describe yourself?" In addition to the federally-prescribed categories, they are given two additional choices: "other or mixed race," and "I don't know."

Living Situation

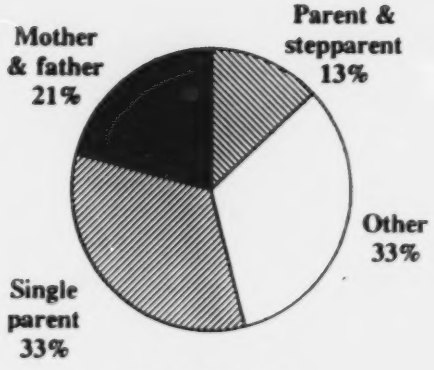
Adolescents in Residential Treatment Centers report very different living situations from students in regular schools, and it is unclear how much of this difference can be attributed to their current placement. Only 21% live with both biological or adoptive parents, compared with 63% of students in regular schools settings.

Both biological parents	15%
Both adoptive parents	6%
Mother and stepfather	10%
Father and stepmother	3%
Mother only	28%
Father only	5%
Joint custody	5%
No adults in home	3%
Other situation	25%

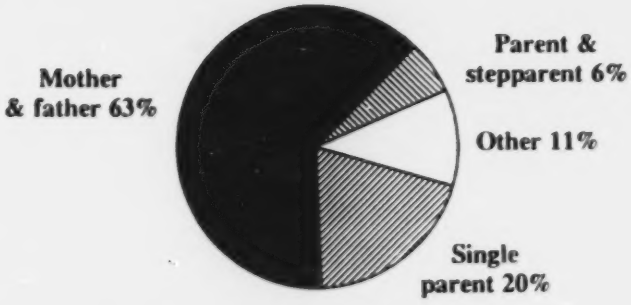
Religious Involvement

A major difference exists between these two groups of students in terms of the role of religion in their lives. Students in the regular schools are much more likely than adolescents in Residential Treatment Centers to view religion as "very important" or "pretty important" in their lives (55% versus 34%). Differences between the two groups in regular religious service attendance are even more pronounced. Almost two thirds (62%) of the regular school students attend a service at least once a month (most of them once a week), compared with only one third (34%) of the Residential Treatment Center adolescents.

Adults in Household



Residential Treatment Centers

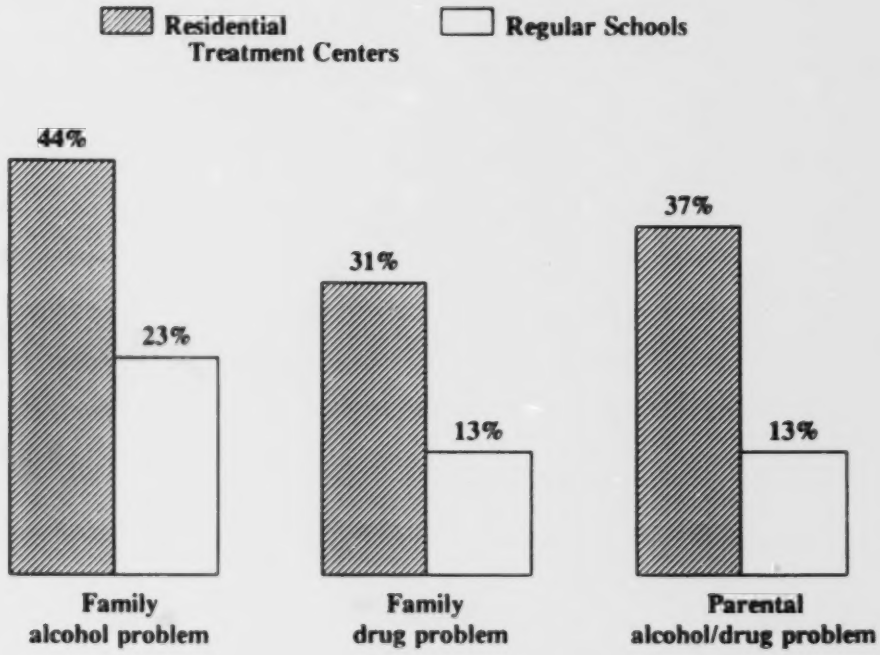


Regular Schools

Family Alcohol and Drug Problems

Alcohol and drug problems are much more prevalent in the families of adolescents in Residential Treatment Centers than in the families of regular school students. The families of these adolescents are 2½ times more likely to have drug problems and almost twice as likely to have alcohol problems. Differences among parents are even more pronounced: 37% of the Residential Treatment Center adolescents report awareness of a parental alcohol or drug problem, compared with 13% of regular school students. Alcohol and drug problems are reported for parents who live with the adolescents as well as for those who live elsewhere.

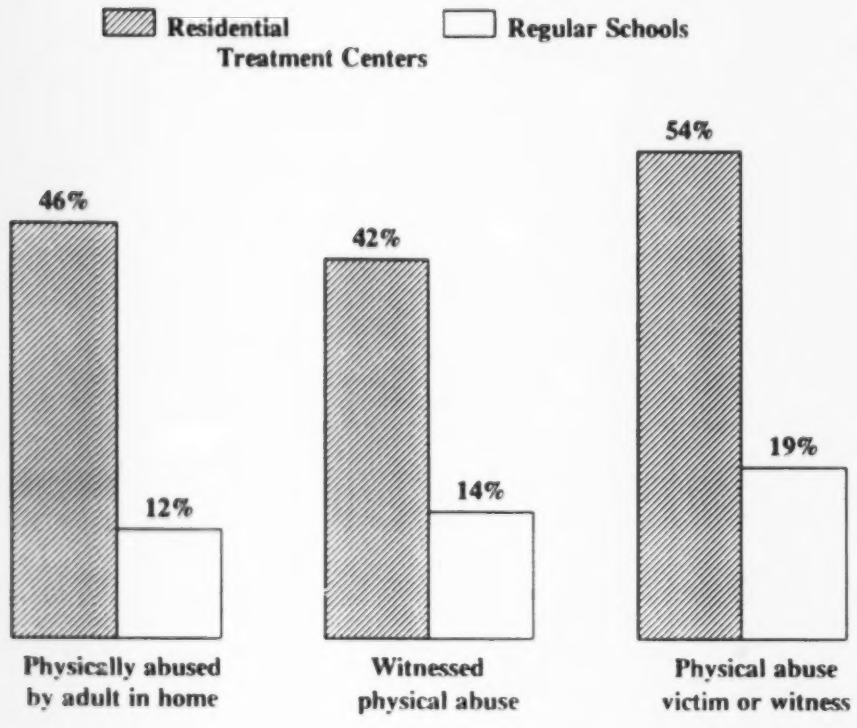
Family Alcohol and Other Drug Problems



Family Violence

Family violence is about three times more prevalent in the homes of adolescents in Residential Treatment Centers than in the homes of students in regular schools. Almost half these adolescents (46%) (compared with 12% of the students in regular schools) report that they have been hit by an adult in their household "so hard or so often that you had marks or were afraid of that person." Almost half (42%) report that they have witnessed other family members subjected to such physical abuse (compared with 14% of the students in regular schools). Considering the combination of either experiencing and/or witnessing such abuse, the difference between the two groups is very great: over half (54%) of the Residential Treatment Center population report such experiences, compared with one fifth (19%) of the matched regular school sample.

Family Violence

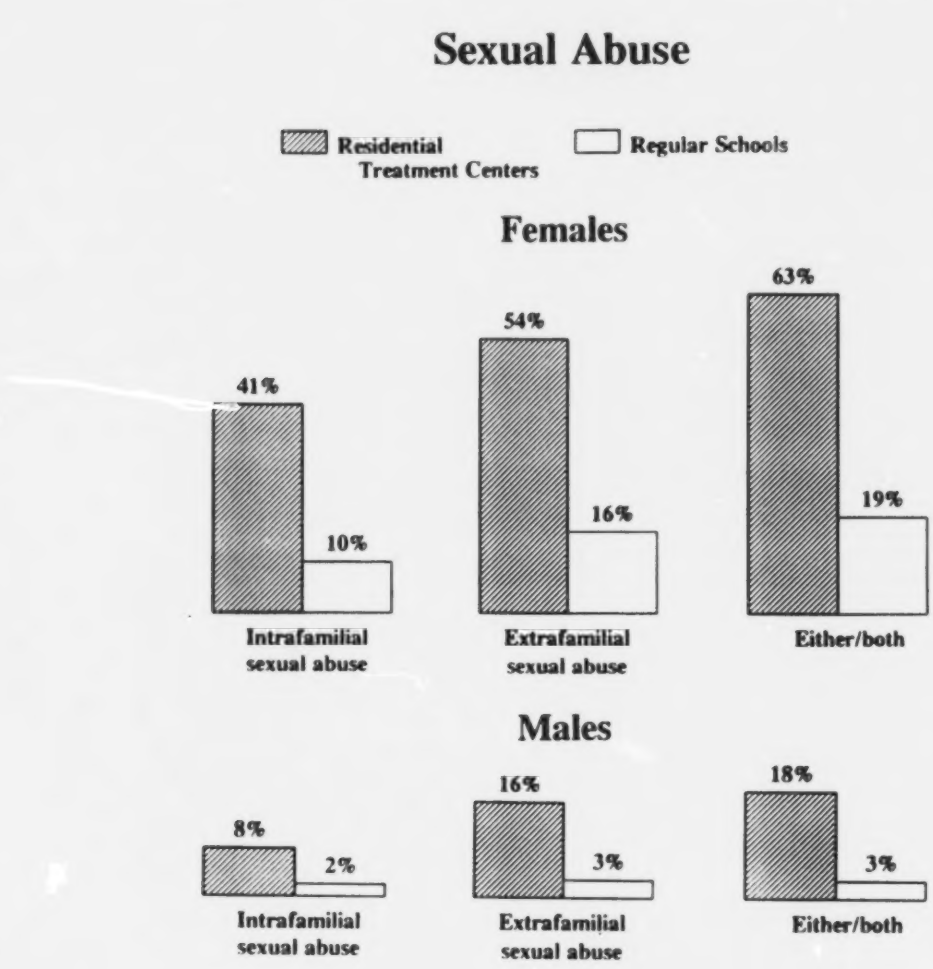


Sexual Abuse

Almost two thirds of the females in Residential Treatment Centers report that they have been sexually abused. Two out of five of these young women respond "yes" to the question, "Has any older or stronger member of your family ever touched you sexually or had you touch them sexually?" More than half responded "yes" to the question, "Has any adult or older person outside the family ever touched you sexually against your wishes or forced you to touch them sexually?"

The sexual abuse rates reported here include only incest and abuse by other adults; reports of sexual abuse by a date are described in a later section about dating behaviors.

Sexual abuse rates are lower for males, but young men in Residential Treatment Centers report much more abuse than their regular school counterparts: 8% report intrafamilial sexual abuse and 16% extrafamilial sexual abuse.



Multiple Environmental Stressors

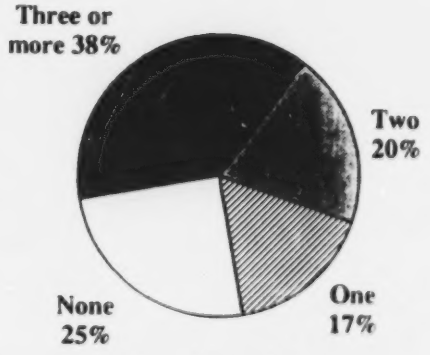
Six major environmental stressors were examined in the Minnesota Student Survey: family alcohol problems, family drug problems, intrafamilial sexual abuse, extrafamilial sexual abuse, physical abuse, and witnessing family violence among others. Young people in Residential Treatment Centers more often report multiple stressors than students in regular schools. Students reporting multiple environmental stressors are more likely than others to report drug or alcohol use, antisocial behaviors, and emotional distress.

Three fourths (75%) of the adolescents in Residential Treatment Centers report at least one of these six problems, compared with 30% of students in the regular schools. Differences between the two populations for multiple stressors are even more pronounced.

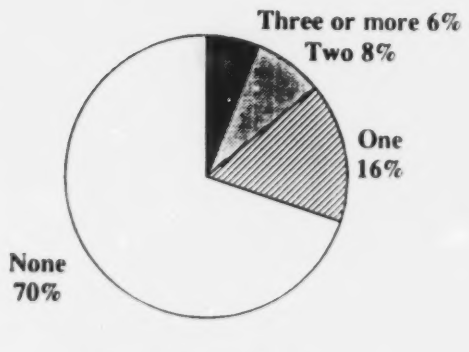
Adolescents in Residential Treatment Centers are four times as likely as their regular school counterparts to have had at least two problems, and six times as likely to have had three problems or more. Although "yes/no" answers to questions about family and other environmental problems are not a perfect measure of stress, they at least begin to illuminate the nature and degree of difficulties these young people have confronted.

In light of the extent of the problems they face at home, the runaway rate for adolescents in Residential Treatment Centers is not surprising: 53% of them report running away during the 12 months before the survey, in contrast to 10% of regular school students their age.

Environmental Stressors



Residential Treatment Centers

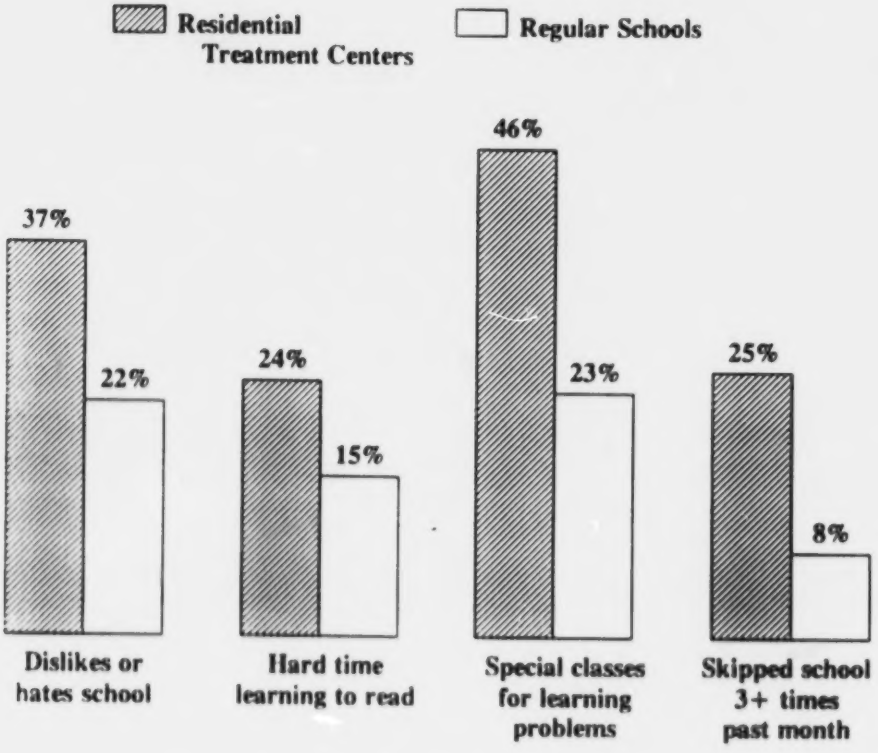


Regular Schools

School Performance and Attitude

Adolescents in Residential Treatment Centers much more often report trouble with school than their regular school counterparts. They are 1½ times more likely to report difficulty learning to read, and more than twice as likely to have been placed in special classes for learning problems. Many more say they dislike school, and about three times as many report skipping school repeatedly in the month before the survey.

School Factors



Social Perceptions

The adolescents in Residential Treatment Centers are less likely to report positive perceptions of the extent to which family members and others care about them. Differences between them and students in regular schools are most marked in response to questions about how much their parents care about them, and whether their families have fun together.

	Residential Treatment Centers	Regular Schools
	%	%
How much do you feel . . .? *(Quite a bit or very much)*		
Your parents care about you	76	89
Your family cares about your feelings	59	66
Your family understands you	44	50
Your family has lots of fun together	37	52
Your family respects your privacy	55	59
Friends care about you	63	69
School people care about you	37	42
Church leaders care about you	39	53

Low Self-esteem

The Residential Treatment Center adolescents have more negative self-perceptions than their same-age counterparts in regular schools. More are dissatisfied with themselves, think "I'm no good," believe they don't have much to be proud of, and that their lives are not useful. Many rarely feel good about themselves (if ever), and doubt that they can perform as well as their peers.

	Residential Treatment Centers	Regular Schools
	%	%
I usually feel good about myself *(Disagree)*	26	15
I am able to do things as well as others my age *(Disagree)*	16	9
On the whole I'm satisfied with myself *(Disagree)*	27	14
I do not have much to be proud of *(Agree)*	31	18
Sometimes I think I'm no good *(Agree)*	44	30
I feel that I can't do anything right *(Agree)*	28	19
I feel that my life is not useful *(Agree)*	27	15

Emotional Distress

Students were asked a variety of questions about their moods and feelings over the previous month. Adolescents in Residential Treatment Centers reported many more emotional difficulties than their age counterparts in regular schools. They were 1½ to 2 times more likely to report low moods, high stress, and feelings of anxiety, sadness, discouragement, or hopelessness. Many more also report dissatisfaction with their lives.

Recent suicidal thoughts are also reported much more commonly by adolescents in Residential Treatment Centers (36% compared with 26% of regular students).

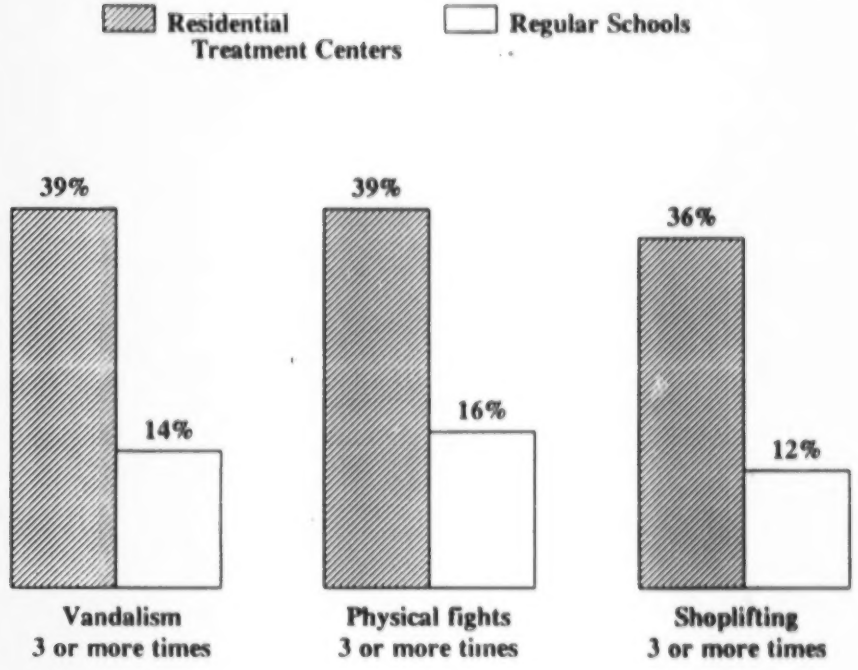
	Residential Treatment Centers	Regular Schools
(During the past month)	%	%
How has your mood been? *(Bad or very bad)*	10	5
Have you been under any stress or pressure? *(Quite a bit or almost more than I could take)*	46	28
Have you felt sad? *(All or most of the time)*	24	13
Have you felt so discouraged or hopeless that you wondered if anything was worthwhile? *(Extremely so or quite a bit)*	29	16
Have you felt nervous, worried, or upset? *(All or most of the time)*	28	16
How happy or satisfied have you been with your personal life? *(Somewhat or very dissatisfied)*	33	22
Suicidal thoughts	36	26

Antisocial Behavior

Antisocial behaviors are two to three times more common among Residential Treatment Center adolescents than students in regular schools. Rates are much higher for multiple acts of vandalism, physical fights, and shoplifting. These young people are also more likely to say they "very much" get a kick out of doing things that are a little dangerous (32% versus 15%). Antisocial behaviors are known to be much more common among children of dysfunctional families,[4-6] so the higher rate seen here is very much in line with what would be expected in light of their high rates of family problems.

Adolescents in Residential Treatment Centers were also asked about belonging to a gang. This question was not included in the 1989 survey. Approximately one third acknowledged current (17%) or former (15%) gang involvement. Because gangs can vary widely in their involvement in criminal activity, and because teenage gang associations can be fairly loose and ill-defined, it is difficult to evaluate this information.

Antisocial Behaviors
(Past Year)



Problem Comparisons

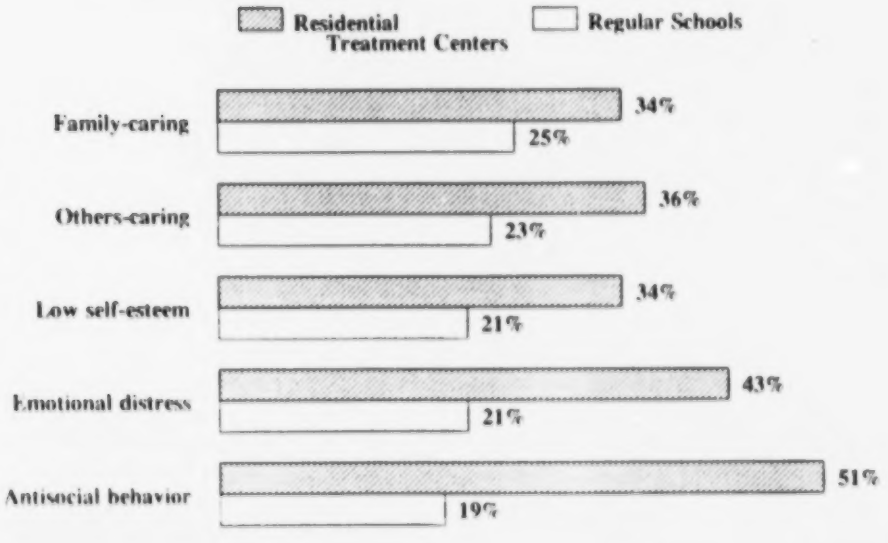
The problem areas of family-caring, others-caring, low self-esteem, emotional distress, and antisocial behavior have been discussed in terms of students' answers to individual questions. It can be more helpful, however, to examine the *patterns* of their responses to questions in each area. In order to do this, points are assigned to answers and scores for questions in related areas are added together. Students can then be compared using the sums of these scores.

Obviously, problem definitions are arbitrary. The definition chosen may be arguable, but the value of a definition (any reasonably derived definition) is that it can then be used to compare individuals and groups of persons.

The definitions used in this study were adopted in a detailed study of results of the 1989 survey.[7] In that statewide sample of students in grades 6, 9, and 12, the 20% of students with the most problematic scores on each scale were classified as the "problem" group in each category (family-caring, others-caring, low self-esteem, emotional distress, and antisocial behavior).

Taking into account the limitations of this technique, it is still useful to compare the Residential Treatment Center adolescents with their counterparts in the matched sample from regular schools. The Residential Treatment Center adolescents scored higher than their regular school counterparts on all five of the problem scales examined. The greatest differences between the two groups are seen for antisocial behaviors (2½ times as prevalent) and emotional distress (2 times as prevalent). Rate elevations of 1½ times are seen for low self-esteem, and for perceptions of family-caring and others-caring.

Problem Comparisons



Suicidal Behavior

A history of suicide attempt is three times more common among Residential Treatment Center adolescents than regular school students (43% versus 15%). The 3 to 1 ratio is seen for both females and males.

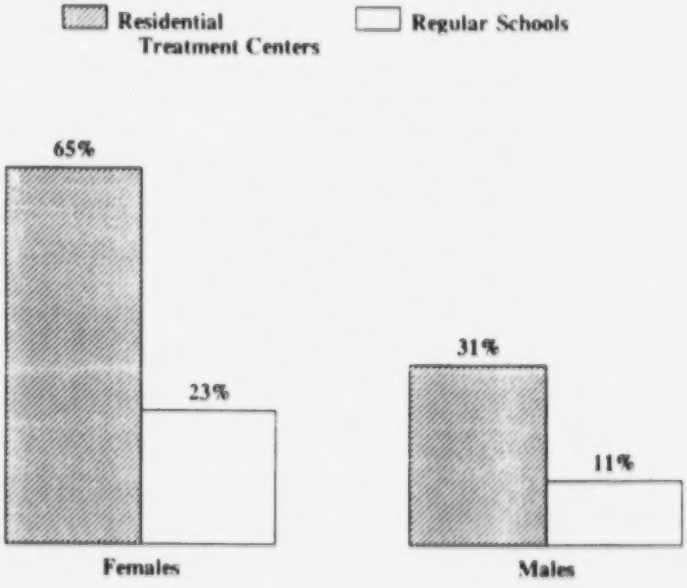
Two out of three young women and one out of three young men in this population have tried at some time to take their lives. These high rates are consistent with their more frequent experiences of physical and sexual abuse and other family problems, the most potent predictors of suicide attempt found in the 1989 Minnesota Student Survey.[3] In addition, suicide attempts might represent a reason for Residential Treatment Center placement.

Deliberate Self-injury

A question about self-injurious behavior was added to the 1991 survey. Students were asked whether, during the 12 months before the survey, they had hurt themselves on purpose (cuts, burns, bruises). More than half (53%) of the adolescents in Residential Treatment Centers said that they had: 12% said "once," 27% said "a few times," and 14% said "often."

In marked contrast to suicide attempt rates where females predominate two to one, there is little difference between the deliberate self-injury rates for females and males. An association has been found in clinical research between deliberate self-injury among children and adolescents and a history of sexual and/or physical abuse.[8,9]

Suicide Attempt*



*Lifetime Attempts

Sexual Activity

Four out of five students in Residential Treatment Centers report that they have had sexual intercourse. This rate contrasts with less than half (44%) of their age-matched peers in the regular schools. The rate for females and males in Residential Treatment Centers is identical (80%). In contrast, more males than females in the regular school sample report sexual intercourse (49% versus 35%).

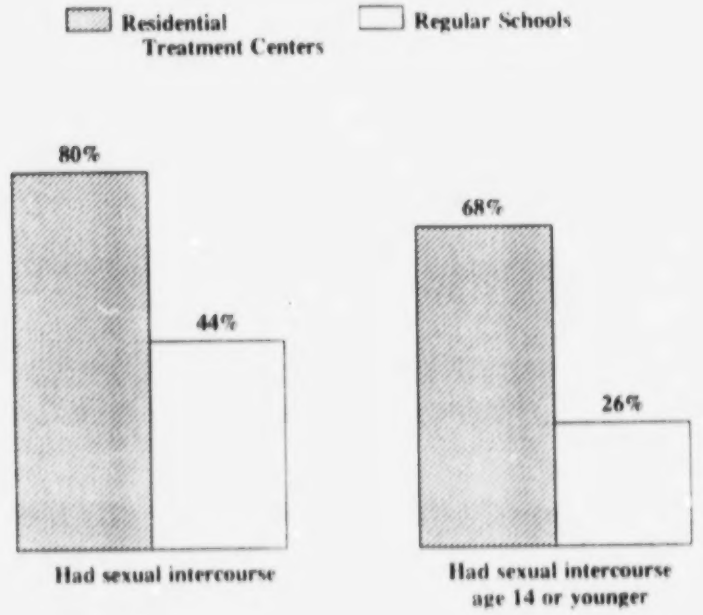
Two thirds of the Residential Treatment Center adolescents initiated such sexual activity at age 14 or younger, compared with only 26% of the students in regular schools. Both the high rate of sexual activity and the relatively early age of onset distinguish the Residential Treatment Center adolescents from their counterparts in regular schools.

Dating Violence

Dating for these young people poses a risk of violent behavior. Both females and males in Residential Treatment Centers are more likely than their regular school counterparts to report that a date has hit them in anger. The comparison for females being hit is 40% versus 9%; and for males, 20% versus 15%.

Female adolescents in Residential Treatment Centers also much more often report that a date has forced them to engage in sexual activity than females in regular schools (40% versus 14%). The rate, and the difference between populations, is much smaller for males (9% versus 5%). One out of 12 (8%) males and females in Residential Treatment Centers report forcing a partner to engage in sexual activity, compared with 7% of males and 2% of females in regular schools.

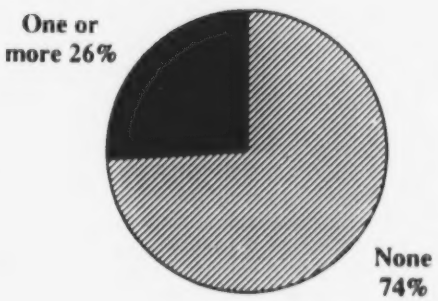
Sexual Activity



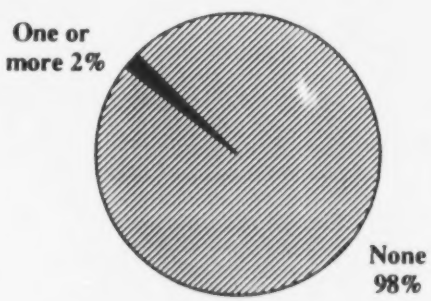
Pregnancies

One fourth (26%) of the female adolescents in Residential Treatment Centers have been pregnant. The pregnancy rate for same-age females in regular schools is 2%. Males in Residential Treatment Centers are also much more likely than their counterparts in regular schools to report that they are aware they got someone pregnant (20% versus 8%).

Pregnancies Among Females



Residential Treatment Centers

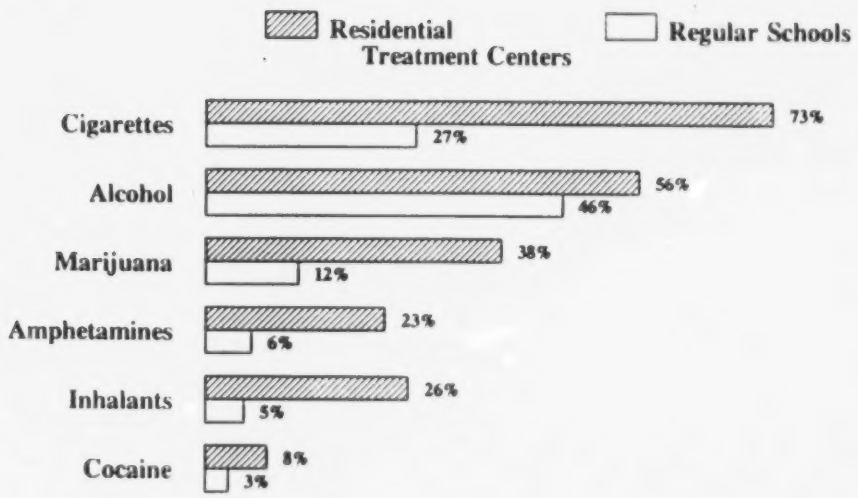


Regular Schools

Prevalence of Alcohol and Drug Use

Residential Treatment Center adolescents are more likely to be using alcohol or other drugs than regular school students. Considering use over the 12 months prior to administration of the survey, Residential Treatment Center adolescents are five times more likely than regular school students to have used inhalants; almost four times more likely to have used amphetamines; and about three times more likely to have used cigarettes, marijuana, and cocaine. In contrast, the difference in the number reporting alcohol use is modest.

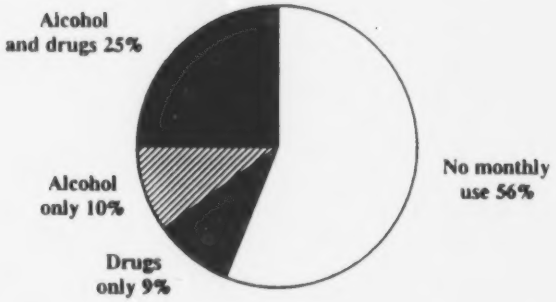
Alcohol and Other Drug Use Prevalence
(Past Year)



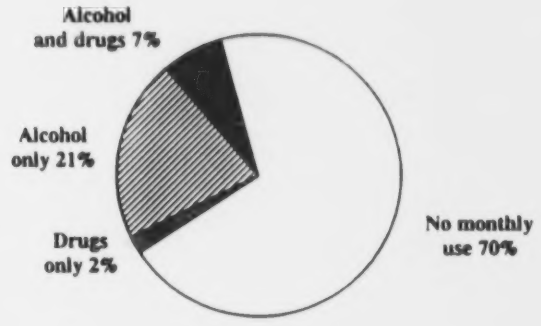
Concurrent Use of Alcohol and Drugs

Considering regular use (at least once a month during the previous year) reveals that more than three times as many adolescents in Residential Treatment Centers use a *combination of alcohol and drugs* than students in regular schools (25% versus 7%). Drug use in the absence of alcohol use is relatively rare, although almost one out of ten adolescents in Residential Treatment Centers report this pattern. Regular school students are much more likely to use only alcohol or not to use anything on a regular basis.

Monthly Use of Alcohol and Other Drugs



Residential Treatment Centers

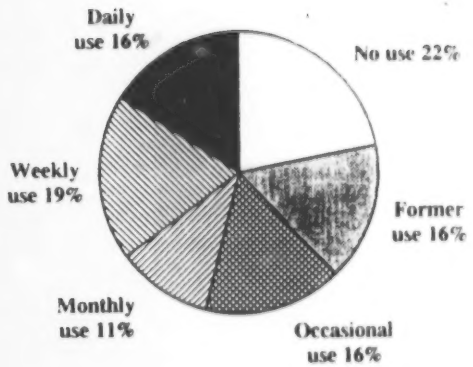


Regular Schools

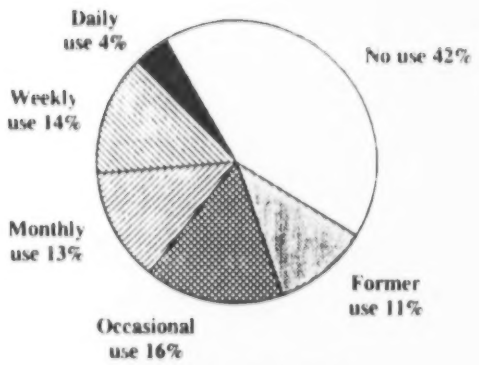
Frequency of Alcohol and Drug Use

In addition to using drugs other than alcohol, Residential Treatment Center adolescents are also likely to be using more often. They are four times as likely as their regular school counterparts to be using alcohol or other drugs (excluding tobacco) every day.

Alcohol and Other Drug Use Frequency



Residential Treatment Centers

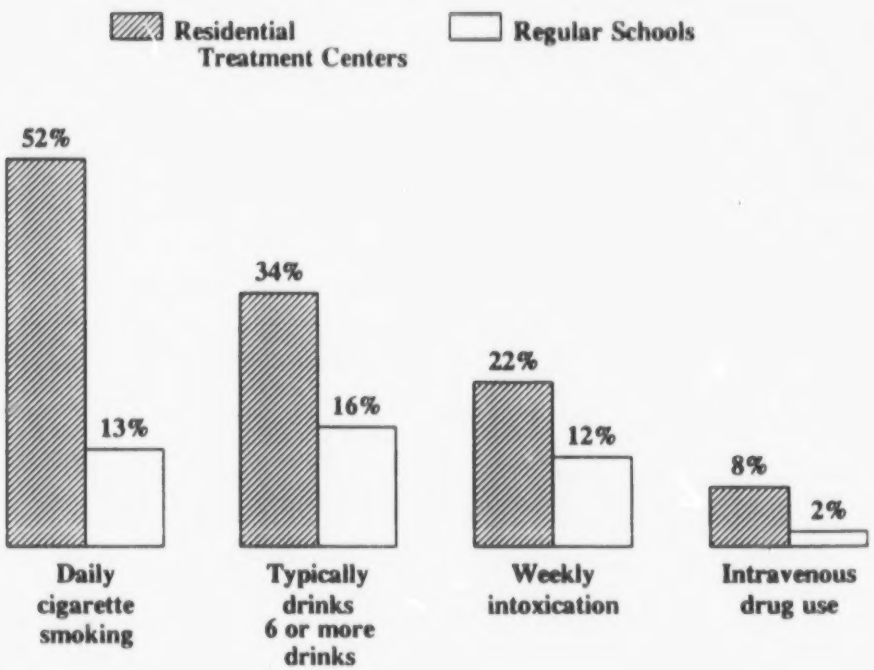


Regular Schools

Dangerous Use Patterns

In addition to greater frequency of use, other use patterns put Residential Treatment Center adolescents at risk. They are four times more likely to be daily cigarette smokers. They are twice as likely to typically consume alcohol in large quantities, and almost twice as likely to become intoxicated frequently. Although the rate of using needles to inject drugs is typically very low among young students, one out of twelve adolescents in Residential Treatment Centers report intravenous drug use.

High-risk Smoking, Drinking, and Drug Use Behaviors

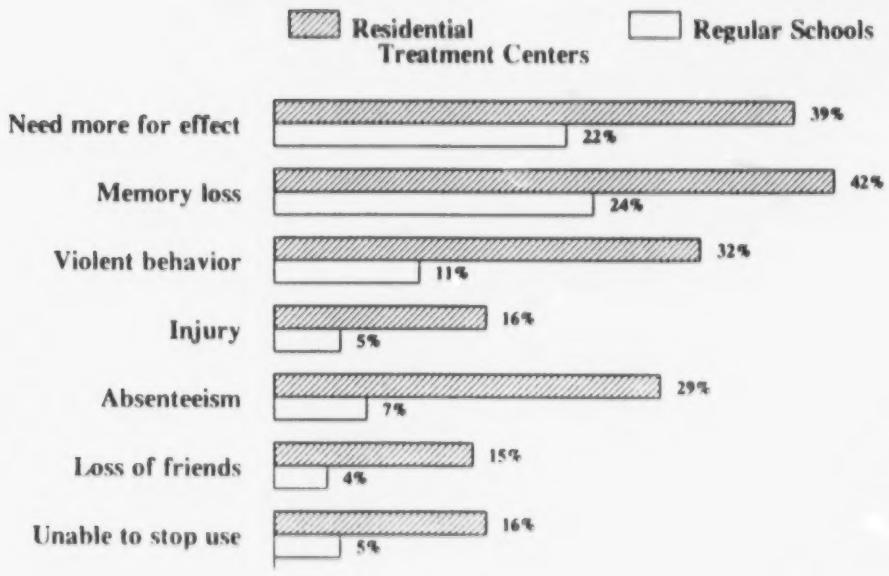


Consequences of Use

Consistent with their much more frequent use and their use of multiple drugs, many more Residential Treatment Center adolescents exhibit problems associated with use. They are four times more likely than regular school students to say they have lost friends, or missed school or work because of their use. They are three times more likely to have had an alcohol- or drug-related injury, to have been physically abusive or violent while using, or to believe they are unable to stop use.

Residential Treatment Center adolescents are almost four times more likely than regular school students to report multiple (3 or more) alcohol- or drug-related impairments (violence, injury, absenteeism, loss of friends). Many more have also been through previous chemical dependency treatment: 28% versus 5% of regular school students (half of these more than once). Of those in Residential Treatment Centers who have been in treatment, 84% report regular use during the past year, one third of these daily use.

Consequences of Alcohol and Other Drug Use



Alcohol and Drug Abuse and Dependency

Alcohol and drug use disorders cannot be diagnosed from responses to survey questions. Nonetheless, it is useful to attempt to construct some continuum of increasing severity of use.

The classification used here *(see sidebar)* is based on an earlier detailed study of the 1989 Minnesota Student Survey.[7] The problem use classification is hierarchical and takes into account several dimensions of use patterns: use frequency, intoxication frequency, number of adverse consequences of use, and inability to stop use.

Adolescents in Residential Treatment Centers are three times more likely than regular school students to be classified in the most serious problem use category: 25% of them meet the study definition of dependency-risk versus 7% of their same-sex, same-age peers in regular schools. This finding is consistent with their higher rates of chemical dependency treatment.

Substance Use Problem Groups

Nonuser
No use in past year. Includes former users as well as those with no history of use.

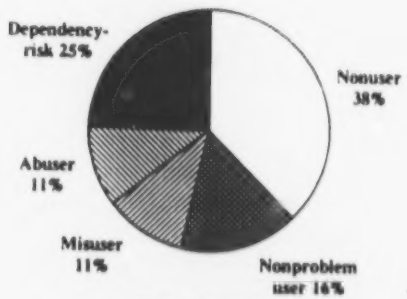
Nonproblem User
At least occasional use in past year. Occasional use but no more than 1 adverse consequence and less than monthly intoxication. Monthly or weekly use with no adverse consequences and less than monthly intoxication.

Misuse
Occasional use with 2+ adverse consequences. Monthly use with 1 adverse consequence or monthly intoxication or inability to stop use.

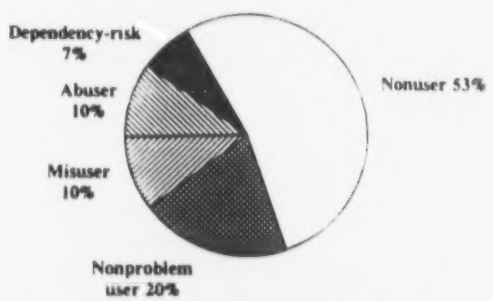
Abuser
Monthly use with 2+ adverse consequences. Weekly use with 1 adverse consequence or weekly intoxication. Daily use with no adverse consequences.

Dependency-risk
Weekly use with 2+ adverse consequences or intoxication more than once a week or inability to stop use. Daily use with 1+ adverse consequences.

Alcohol and Other Drug Problem Use



Residential Treatment Centers



Regular Schools

SUMMARY AND RECOMMENDATIONS

Although the young people surveyed at sites participating in the 1991 Minnesota Student Survey have been classified in one of the three special populations identified in this report, the distinctions between these populations are much fuzzier than the report sections imply. To some extent, sites can be categorized by whether the site is licensed under the Department of Education, the Department of Corrections, or the Department of Human Services. However, the actual nature of the programs involved are in some cases more similar across bureaucratic boundaries than within them. For example, some programs within Corrections are very similar to some in the Residential Treatment category, and some Alternative Schools may resemble transitional programs for young people emerging from Detention or Treatment settings. Not surprisingly then, many similarities are seen among young people in all three special populations: Alternative Schools and Area Learning Centers, Corrections and Detention Centers, and Residential Treatment Centers.

These adolescents were gender- and age-matched with students who participated in the statewide 1989 Minnesota Student Survey. Compared with these "regular school" students, as they are termed in this report, young people in special populations are less likely to be living in two-parent households, and a disproportionate number are young people of color. Rates of family violence and alcohol and other drug problems among family members, especially parents, are elevated for each of these populations. In addition, a higher proportion of these adolescents have been sexually abused. More young people in special populations report difficulties with self-esteem and emotional distress, more skip school, and more engage in antisocial behaviors, alcohol and other drug abuse, and early sexual activity.

Research has documented consistently that similar antecedents foster a wide range of problem behaviors among adolescents. Family problems and alienation from key adults are known to be among the antecedents related to drinking and drug use, antisocial behavior, and early sexual activity.[5,10,11]

Consistent with other studies, environmental stressors examined in the Minnesota Student Survey are found to be correlated with risk behaviors among youth in these special populations. In addition, a variety of risk behaviors and other signs of psychosocial dysfunction are highly intercorrelated. For males and females, learning problems are correlated with low self-esteem and emotional distress. Suicide attempts and

deliberate self-injury are correlated with antisocial behaviors and heavy alcohol and other drug use, as well as with low self-esteem and emotional distress.

For females to a much greater extent than for males, suicide attempt and self-injury are also correlated with physical abuse and sexual abuse. For males more than females, family alcohol and drug problems are correlated with emotional distress and low self-esteem, antisocial behaviors, and problems resulting from their own alcohol and other drug use. Of the antisocial behaviors examined in this study, vandalism is most strongly correlated with the frequency and consequences of alcohol and other drug use for both males and females. Early sexual activity is also correlated with use frequency and consequences.

These findings lend support to the idea of a general "at-risk" syndrome; that is, the same factors (environmental stressors, social alienation) are predictive of many behaviors that put young people at risk, whether antisocial acts, drinking and drug use, early sexual activity, or suicidal and other self-injurious behavior. This general concept of "at-risk" has important implications for the planning and coordination of prevention efforts geared toward pregnancy, alcohol and other drug use, suicide, or any threat to the development and well-being of young people.

Although there are many similarities in the *kinds* of problems reported by the three special populations described in this report, there are significant differences in *degree*. Although problems are reported more often by young people in all three populations than by their counterparts in regular school settings, those young people in correctional and treatment settings consistently report more problems and problems of greater severity. Adolescents in correctional agencies have the highest rates of antisocial and aggressive behaviors, even when samples are controlled for gender and age. They are also the most likely to report frequent and high-quantity alcohol and other drug use with more harmful consequences. In contrast, adolescents who report suicide attempts and self-injury are more often found in residential treatment settings.

The similarities across populations raise intriguing questions about how young people come to the attention of social service or juvenile corrections agencies, and how referral and placement decisions are made. It can be argued that a large proportion of youth in all three populations could be candidates for "treatment," or some intervention with respect to their mental health, substance abuse, or overt behavioral problems. To what extent socioeconomic factors, geographic location, or service availability are determinants of what kind of intervention a young person receives is worthy of study.

The findings reported here and in the *Minnesota Student Survey Report 1989*[3] also highlight the extent to which overt behaviors--attention-getting behaviors--are associated with emotional distress for many young people. For these adolescents, an "antisocial" facade appears to mask a great deal

of suffering. There are also many adolescents, however, who have experienced traumatic events, but who do not "act out." Internalized distress is more characteristic of females. The higher suicide attempt rate among young women may reflect their efforts to get the attention of adults who can assist them when their distress goes unrecognized.

The Minnesota Student Survey gathered a great deal of information on adolescents in special populations as well as their counterparts in regular school settings. This report cannot examine in depth all the information collected. Studies such as this represent the ongoing commitment of the Minnesota Department of Education; future reports will explore other aspects of the histories of these young people.

Results of the studies published so far can be used to guide planning and policy making. Two recommendations clearly emerge from the findings presented here:

- Adequate resources need to be provided to maintain and expand educational programs serving youth who struggle with multiple risk issues in order to increase the likelihood of their completing high school. The success of Alternative Schools and Area Learning Centers in engaging young people who have dropped out of school, or who are at risk of dropping out of school, attests to the dedication of the professionals who serve these youth, as well as to the benefits of these programs and settings.

- Prevention programs aimed at reducing crime and violence, alcohol and other drug abuse, and pregnancies among young people need to include counseling, health service, and other support activities. The young persons at highest risk for the behaviors these prevention efforts address have frequently been profoundly affected by family and environmental stressors outside their control. Collaborative efforts of a variety of service providers, and services located on site, offer the best hope of reaching young people.

This report will be presented to the legislature, the Office of Drug Policy, and the Chemical Abuse Prevention Resource Council so that these findings can be used to help guide policy decisions. Local communities are encouraged to consider the results of this study as they work to identify and respond to the challenges that confront youth. This study is part of the continued effort toward development of a comprehensive plan to reduce risk behaviors and improve effectiveness and quality of education and support services for all learners in Minnesota.

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Anoka Alternative Learning Center
Anoka County Juvenile Center
Arrowhead Juvenile Center
Austin Area Learning Center
Austin Ranch, Sheriffs Youth Programs of Minnesota
Bagley Alternative Education Plan
Bemidji Alternative High School
Benson Area Learning Center
Booth Brown House
Boys Totem Town
Brainerd Area Education Center
Buckeye Manor Incorporated
Carlton County Area Learning Center
Carver-Scott Coop Area Learning Center
Cass Lake Area Learning Center
CEC-PIE North, Robbinsdale
CEC-PIE South, Richfield
Cedar Alternative Center
Center School
Chisago-Pine Area Learning Center, North Branch
Chisago-Pine Area Learning Center, Pine City
City, Inc., Minneapolis
The Connection Center
Continuing Education Center
Dakota County Area Learning Center
Delta Place
Detroit Lakes Alternative Learning Center
Elk River Area Learning Center
Faribault Adult Evening High School
Fergus Falls Alternative Program
Four Winds Alternative School
Freshwater Area Learning Center
Friendship House Residential Treatment Center
Gerard of Minnesota, Inc.
Hayward Home, Sheriffs Youth Program of Minnesota
Heart of the Earth Survival School
Hennepin County Home School, Epsilon Program
Hennepin County Juvenile Center
Highland Park TLC Project #1
Highland Park TLC Project #2
Highview Alternative (Robbinsdale)
Horizons Treatment Center
Jackson Area Learning Center
Junior High Alternative Program, Minneapolis
Leo A. Hoffmann Center
Loring-Nicollet-Bethlehem
Mankato Alternative High School
Mankato Group Home, Sheriffs Youth Program of MN
Menlo Park Alternative School
Mid-Range Alternative Evening Program
Milaca Alternative Night School
Minnesota Valley Adult Diploma Program
Minnesota Valley Area Learning Center
Mora Alternative Program
Mounds View Area Learning Center
Nexus, Inc.
North St. Paul Adult Diploma Program
Northfield Alternative Learning Center
Northwest Area Learning Center
Northwest Juvenile Training Center
Northwest Metro Area Learning Center 916
Northwest Regional Corrections
Northwood Children's Home
Oak Land Area Learning Center
Operation Denovo
Owatonna Alternative School
PACE
Pease Academy
Perham Alternative Learning Center
Pine County Area Learning Center
Plymouth Youth Center
Project Re-entry
Red Wing Correctional Facility
Ridgedale Alternative
Riverside Treatment Center
Rochester Area Learning Center
Rosemount/Apple Valley Alternative
Runestone Regional Learning Center
Sauk Centre Juvenile Correctional Center
SOAR (Brooklyn Park)
SOAR (Osseo)
South St. Paul Alternative High School
So. Washington County Alternative Learning Center
St. Cloud Children's Home, Catholic Charities
St. Paul Area Learning Center
Stillwater Alternative Program
Thistledew Camp
Tower View Opportunity Program
Urban League Street Academy
Von Wald, Sheriffs Youth Program of Minnesota
Waseca Alternative High School
West Central Regional Juvenile Center
West Metro Education Center/Fair School
Westonka Alternative Program
Willmar Area Learning Center
Winona Area Learning Center
Woodland Hills
Worthington Alternative High School
Wright Cooperative Alternative Program
Wright Direction Group Home
Youth Education Services

My sincere thanks,

Barbara Yates
Prevention and Risk Reduction Unit
Minnesota Department of Education

FOR INFORMATION REGARDING THIS PROJECT, PLEASE CONTACT:

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